

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Storms, Chair

Senator Rich, Vice Chair

MEETING DATE: Thursday, January 12, 2012

TIME: 10:15 a.m.—12:15 p.m.

PLACE: James E. "Jim" King, Jr. Committee Room, 401 Senate Office Building

MEMBERS: Senator Storms, Chair; Senator Rich, Vice Chair; Senators Detert, Dockery, Gibson, and Latvala

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
1	Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointments to the offices indicated.		
	Secretary of Elderly Affairs		
	Corley, Charles Thomas (Tallahassee)	Pleasure of Governor	Recommend Confirm Yeas 4 Nays 0
	Director, Agency for Persons with Disabilities		
	Hansen, Michael P. (Crawfordville)	Pleasure of Governor	Recommend Confirm Yeas 4 Nays 0
TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
2	SB 694 Fasano (Identical H 529)	Adult Day Care Centers; Citing this act as the "Alzheimer's Adult Day Care Dignity Act"; providing for the licensure of adult day care centers that provide specialized Alzheimer's services; providing educational and experience requirements for the operator of an adult day care center seeking licensure to provide specialized Alzheimer's services; providing requirements for admission into such an adult day care center; requiring that a participant's file include a data sheet, which must be completed within a certain timeframe; requiring that certain information be included in the data sheet; requiring the center to give each person who enrolls as a participant or the caregiver a copy of the participant's plan of care and a copy of the center's policies and procedures; requiring the center to coordinate and execute discharge procedures with a participant whose enrollment in the center is involuntarily terminated, etc.	Fav/CS Yeas 5 Nays 0
		CF HR BC	01/12/2012 Fav/CS

COMMITTEE MEETING EXPANDED AGENDA

Children, Families, and Elder Affairs

Thursday, January 12, 2012, 10:15 a.m.—12:15 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	SB 682 Richter (Similar CS/H 473)	Alzheimer's Disease; Establishing the Purple Ribbon Task Force within the Department of Elderly Affairs; providing for membership; providing that members shall serve without compensation or reimbursement for per diem or travel expenses; requiring the department to provide administrative support; providing duties of the task force; authorizing the task force to hold meetings by teleconference or other electronic means; requiring the task force to submit a report in the form of an Alzheimer's disease state strategy and policy recommendations to the Governor and Legislature; providing for termination of the task force, etc. CF 01/12/2012 Fav/CS GO BC	Fav/CS Yeas 6 Nays 0
4	SB 722 Garcia (Similar H 339)	Autism; Creating the Autism Spectrum Disorder Study Committee to study autism spectrum disorder in families in which English is the second language; providing for membership, meetings, and duties; prohibiting committee members from receiving compensation for their services; authorizing certain funding for publications, subject to approval of the State Surgeon General; requiring a report to the Governor and Legislature; providing for expiration of the committee, etc. CF 01/12/2012 Favorable GO BC	Favorable Yeas 5 Nays 0
5	Other Related Meeting Documents		

640

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Kurt S. Browning, Secretary of State,
do hereby certify that

Charles T. Corley

is duly appointed

**Secretary,
Department of Elderly Affairs**

for a term beginning on the
Twenty-Fifth day of August, A.D., 2011,
to serve at the pleasure of the Governor
and is subject to be confirmed by the Senate
during the next regular session of the Legislature.



*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Thirteenth day of September, A.D., 2011.*

Secretary of State

DSDE 99 (3/03)

The original document has a reflective line mark in paper. Hold at an angle to view when checking.

"State of Florida" appears in small letters across the face of this 8 1/2 x 11" document

If photocopied or chemically altered, the word "VOID" will appear.



RICK SCOTT
GOVERNOR

2011 AUG 31 PM 2:17

FLORIDA STATE
DIVISION OF ELECTIONS

August 26, 2011

Mr. Kurt S. Browning, Secretary
Department of State
R. A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Browning:

Please be advised I have made the following appointment under the provisions of Section 20.41, Florida Statutes :

Mr. Charles T. Corley
4040 Esplanade Way
Suite 335L
Tallahassee, Florida 32399

as Secretary of the Department of Elderly Affairs, subject to confirmation by the Senate. This appointment is effective August 25, 2011, for a term ending at the Pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott
Governor

RS/nj

QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

Please type or print in blue or black ink.

Sept. 12, 2011

1. Name: Mr. Corley Charley Thomas
MR./MRS./MS LAST FIRST MIDDLE/MAIDEN
2. Business Address: 4040 Esplanade Way, Suite 315, Tallahassee
STREET OFFICE # CITY
Florida 32399-7000 850-414-2000
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER
3. Residence Address: 5412 Grove Valley Road, Tallahassee Leon
STREET CITY COUNTY
Florida 32303 850-562-8015
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax # 850-414-2106
 (optional)

4. A. List all your places of residence for the last five (5) years.

5412 Grove Valley Road, Tallahassee, FL 06/1990 Present
ADDRESS CITY & STATE FROM TO

- B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

None
ADDRESS CITY & STATE FROM

5. Date of Birth: Dec. 20, 1957 Place of Birth: Tallahassee, Leon Co., Florida
6. Social Security Number: _____
7. Driver License Number: _____ Issuing State: Florida
8. Have you ever used or been known by any other legal name? Yes ☐ No ☒ If "Yes" Explain
N/A

11 SEP 13 AM 9:39
 DIVISION OF ELECTIONS
 SECRETARY OF STATE

RECEIVED

9. Are you a United States citizen? Yes ☒ No ☐ If "No" explain:

N/A

If you are a naturalized citizen, date of naturalization: N/A

10. Since what year have you been a continuous resident of Florida? 1957

11. Are you a registered Florida voter? Yes ☒ No ☐ If "Yes" list:

A. County of Registration: Leon B. Current Party Affiliation: Republican

12. Education

A. High School: A. Crawford Mosley High, Panama City, FL Year Graduated: 1976
(NAME AND LOCATION)

- B. List all postsecondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATES/DEGREES RECEIVED
Gulf Coast Community College	1976-1977	A.A., Business Administration
Florida State University	1977-1979	B.S., Marketing

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒ If "Yes" list:

A. Dates of Service: N/A

B. Branch or Component: N/A

C. Date & type of discharge: N/A

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes ☐ No ☒ If "Yes" give details:

DATE	PLACE	NATURE	DISPOSITION
N/A			

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
Florida Department of Elderly Affairs, Gov. Agency,		Interim Secretary	10/9/2000-Pres.

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☒ No ☐ If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

POSITION	EMPLOYING AGENCY	PERIOD OF EMPLOYMENT
Div. Director, Interim Secretary	Dept. of Elderly Affairs	10/9/2000-present
Administrator	Agency for Health Care Admin.	03/14/1986-10/8/2000

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

I have worked with seniors and the issues affecting them in Florida for over 31 years in both the private and public sectors. From both the health and human services as well as the societal and economic perspective I have gained much insight into the concerns our elderly face every day. I also have a significant amount of experience as a caregiver for aging family members from which I have gained a very practical perspective on elder issues.

- B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes ☒ No ☐ If "Yes", list:

My business related degrees will serve me well in administering a statewide operation and managing a \$750 million budget.

- C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes ☒ No ☐ If "Yes", list:

Numerous Davis Productivity Awards in Elder Program Administration.

- D. Identify all association memberships and association offices held by you that relate to this appointment:

Member in good standing:
American Society on Aging
Gerontological Society of America
Southern Gerontological Society
Florida Council on Aging

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes ☐ No ☒ If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes ☒ No ☐ If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT
Secretary, Elder Affairs	08/26/11		Executive Agency
Interim Secretary, Elder Affairs	11/14/06	5 mos.	" "
Interim Secretary, Elder Affairs	01/02/07	Reappointment	" "
Interim Secretary, Elder Affairs	06/22/10		" "
Interim Secretary, Elder Affairs	06/22/11		" "
Commissioner, Governor's Commission on Disabilities	June 2008		Executive Commission

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled:

Quarterly (approximately)

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED

MEETINGS MISSED

REASON FOR ABSENCE

None Missed

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☒ No ☐ If "Yes", give details:

DATE

NATURE OF VIOLATION

DISPOSITION

N/A

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒ If "Yes", list:

A. Title of office: N/A

C. Reason for suspension: N/A

B. Date of suspension: N/A

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ☐ No ☒ If "Yes", list:

A. Title of Office: N/A

B. Term of Appointment: _____

C. Confirmation results: _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If "Yes", explain:

N/A

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☐ No ☒ If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE

ORIGINAL

ISSUING AUTHORITY

DISCIPLINARY ACTION/DATE

TITLE & NUMBER

ISSUE DATE

N/A

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒ If "Yes", explain:

NAME OF BUSINESS

YOUR RELATIONSHIP TO BUSINESS

BUSINESS' RELATIONSHIP TO AGENCY

N/A

- B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☒ No ☐ If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY
Susan K. Corley, Sole Proprietor, Owner			Contract for professional medical services - Child Protection Team. Childrens Home Society under contract with Childrens Medical Services. (Medical examinations by Nurse Practitioner)

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☒ No ☐

A. Did you receive any compensation other than reimbursement for expenses? Yes ☒ No ☐

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED	PRINCIPAL REPRESENTED
Legislature	Florida Dept. of Elderly Affairs

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
Art Forehand			
Ed Neu			
Marcy Hajdukiewicz			

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
N/A			

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If "Yes", explain:

N/A

30. If required by law or administrative rule, will you file financial disclosure statements? Yes ☒ No ☐

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared

Charles Thomas Corley, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Charles Thomas Corley

Signature of Applicant-Affiant

Sworn to and subscribed before me

this 12th day of September, 2011.

Norine E. Tindall

Signature of Notary Public-State of Florida



Norine E. Tindall
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 8/4/13

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

(seal)

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

☐

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) _____

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399
(850) 245-0150

Senate Children, Families, and Elder Affairs Committee

Introductory Remarks for Confirmation from Secretary Charles T. Corley
Florida Department of Elder Affairs
January 12, 2012

Madam Chair and Members of the Committee:

I am honored to be appointed by Governor Scott to serve Florida's 4.3 million seniors as Secretary of the Department of Elder Affairs.

I am well prepared for the job with a nearly 32 year background in health and human services in both the private and public sector, all of which involved programs and services for seniors.

I have worked at the Department of Elder Affairs for over 11 years. Over that period I have served as interim or acting Secretary for about 2 years collectively, spanning three administrations, prior to my appointment by Governor Scott.

I am acutely aware of the challenges we face now and over the coming years. Funding for the services under our responsibility is flat while the elderly population continues to grow at a rate that outpaces the population as a whole. This is much more than the retirement of the baby boom generation. . . The 85 – 100 year olds represent the fastest growing segment of Florida's population. This age group proportional to our overall population is probably our strongest indicator for the need for home and community based services.

The 2012-2013 fiscal year will be a watermark year for elder services in Florida. It is the year that the collective number of seniors on our wait lists will exceed the number currently being served in the various programs.

The immediate challenge is to take all measures to assure that we are as efficient as possible in the delivery of home and community services that keep individuals out of nursing homes as long as safely possible. . .

Over the past 12 months we had over 3,800 individuals move directly from the waiting list into nursing homes. If we had been able to serve those individuals in a home and community based services program instead of a nursing home, it would have meant a better quality of life to the affected seniors and their families as well as a savings of approximately \$200 million on an annualized basis to the taxpayers.

We will work closely with our contractors (partners) in the aging network to confront these challenges. . . I will hold everyone who has a role in serving our vulnerable seniors accountable (including myself). . . and every decision I make will be with the best interest of our seniors foremost in my mind.

565

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

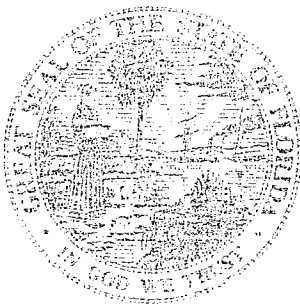
I, Kurt S. Browning, Secretary of State,
do hereby certify that

Michael P. Hansen

is duly appointed

**Director,
Agency for Persons with Disabilities**

for a term beginning on the
Nineteenth day of August, A.D., 2011,
to serve at the pleasure of the Governor
and is subject to be confirmed by the Senate
during the next regular session of the Legislature.



*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fourth day of October, A.D., 2011.*

A handwritten signature in black ink, appearing to read "Kurt Browning".

Secretary of State

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of LEON

RECEIVED
OFFICE OF THE SECRETARY OF STATE

2011 SEP 26 PM 3:31

DIVISION OF ELECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Director, Agency for Persons with Disabilities
(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Michael P. Hansen
Signature

Sworn to and subscribed before me this 20th day of August, 2011.

Amy Kelly
Signature of Officer Administering Oath or of Notary Public



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☒ Home ☐ Office

393 Cooperwood Rd
Street or Post Office Box

Crawfordville, FL 32327
City, State, Zip Code

Michael P. Hansen
Print name as you desire commission issued

Michael P. Hansen
Signature



RICK SCOTT
GOVERNOR

2011 AUG 16 PM 3:50

STATE OF FLORIDA
DIVISION OF ELECTIONS

August 9, 2011

Mr. Kurt S. Browning, Secretary
Department of State
R. A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Browning:

Please be advised I have made the following appointment under the provisions of Section 20.197, Florida Statutes:

Mr. Mike Hansen
393 Cooperwood Road
Crawfordville, Florida 32327

as Director of the Agency for Persons with Disabilities, succeeding James P. DeBeaugrine, subject to confirmation by the Senate. This appointment is effective August 19, 2011, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Scott".

Rick Scott
Governor

RS/jrt

QUESTIONNAIRE FOR SENATE CONFIRMATION

The information from this questionnaire will be used by the the Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

Please type or print in blue or black ink.

9-6-11

Date Completed

1. Name: Mr. Hansen Michael P.
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Business Address: 4030 Esplanade Way, Suite 380 Tallahassee
STREET OFFICE # CITY
FLORIDA 32399 850-488-1558
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: 393 Cooperwood Crawfordville, Wakulla
STREET CITY COUNTY
FLORIDA 32327 850-545-1237
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax # _____

4. A. List all your places of residence for the last five (5) years.

ADDRESS	CITY & STATE	FROM	TO
SAME			

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS	CITY & STATE	FROM	TO
6015 Hay Rick Road	Spring Grove Pa	1960	1976
(Lived at various locations at colleges (see question 12))			

5. Date of Birth: 1-25-52 Place of Birth: Pennsylvania

6. Social Security Number: _____

7. Driver License Number: _____ Issuing State: FLORIDA

8. Have you ever used or been known by any other legal name? Yes ☐ No ☒ If "Yes" Explain

(optional)
 DIVISION OF ELECTIONS
 TALLAHASSEE, FL

2011 SEP 26 PM 3:3

RECEIVED
 DEPARTMENT OF STATE

9. Are you a United States citizen? Yes ☒ No ☐ If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

10. Since what year have you been a continuous resident of Florida? 1976

11. Are you a registered Florida voter? Yes ☒ No ☐ If "Yes" list:

A. County of Registration: WAKULLA B. Current Party Affiliation: Republican

12. Education

A. High School: Spring Grove Area Sr H.S. Year Graduated: 1970
(NAME AND LOCATION)

- B. List all postsecondary educational institutions attended:

NAME & LOCATION

DATES ATTENDED

CERTIFICATES/DEGREES RECEIVED

PA STATE UNIVERSITY 1974/1975 BA Anthropology / Liberal Arts

PA STATE UNIVERSITY 1977 MS Public Health

Williams Port Area Community College 1971

Miami Dade Comm. College 1972

MONTANA STATE UNIV. 1973

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒ If "Yes" list:

A. Dates of Service: _____

B. Branch or Component: _____

C. Date & type of discharge: _____

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes ☐ No ☒ If "Yes" give details:

DATE

PLACE

NATURE

DISPOSITION

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS

TYPE OF BUSINESS

OCCUPATION/JOB TITLE

PERIOD OF EMPLOYMENT

See Resume

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☒ No ☐
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

POSITION

EMPLOYING AGENCY

PERIOD OF EMPLOYMENT

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

See resume attached

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes ☐ No ☐ If "Yes", list:

See education (12)

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes ☐ No ☒ If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

None

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes ☐ No ☒ If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☒ If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE

DATE OF ELECTION OR APPOINTMENT

TERM OF OFFICE

LEVEL OF GOVERNMENT

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: _____

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED

MEETINGS MISSED

REASON FOR ABSENCE

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes", give details:

DATE

NATURE OF VIOLATION

DISPOSITION

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒ If "Yes", list:

A. Title of office: _____ C. Reason for suspension: _____

B. Date of suspension: _____ D. Result: Reinstated ☐ Removed ☐ Resigned ☐

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ☐ No ☒ If "Yes", list:

A. Title of Office: _____

B. Term of Appointment: _____

C. Confirmation results: _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☐ No ☒ If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE

ORIGINAL

ISSUING AUTHORITY

DISCIPLINARY ACTION/DATE

TITLE & NUMBER

ISSUE DATE

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒ If "Yes", explain:

NAME OF BUSINESS

YOUR RELATIONSHIP TO BUSINESS

BUSINESS' RELATIONSHIP TO AGENCY

- B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☒ No ☐ If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY
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Dept. of Health wife

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☒ No ☐

A. Did you receive any compensation other than reimbursement for expenses? Yes ☒ No ☐

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED	PRINCIPAL REPRESENTED
----------------	-----------------------

Legislature Governor

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
Jerry McDaniel	3450 W. Washington Hwy,	32344	(850) 566-6068
Brian Deffenbaugh	2313 Havershill Rd,	32312	(850) 893-8868
Wm. (Bill) H. Hunter	1032 Canarvon Dr.	32317	(850) 921-4071

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
------	-----------------	-----------------------	-----------------------

NONE

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes ☒ No ☐

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared Michael P. Hansen, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Michael P. Hansen

Signature of Applicant-Affiant

Sworn to and subscribed before me

this 6th day of September, 2011.

Amy Kelly

Signature of Notary Public-State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: September 11, 2012

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

RECEIVED
DEPARTMENT OF STATE
2011 SEP 26 PM 3:31
(seal)
DIVISION OF ELECTIONS
TALLAHASSEE, FL

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

☐

Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

Because: (please provide cite.) _____

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.

The Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399
(850) 245-0150

RESUME

Michael P. Hansen
393 Cooperwood Rd. Phone: 850-545-1237
Crawfordville, FL 32327

RECEIVED
DEPARTMENT OF STATE

2011 OCT -4 AM 11: 27

DIVISION OF ELECTIONS
TALLAHASSEE, FL

EXPERIENCE

Feb, 2010 – present: Staff Director, Budget Subcommittee on Health and Human Services, Florida Senate. Responsibilities include providing staff support to the subcommittee chair and members in preparation of the state budget on health and human service for the Florida Senate.

Feb, 2009 – present: Council Director, Government Accountability Act Council, Florida House of Representatives. Responsibilities include providing staff support to the council Chair and the members in conducting sunset reviews of state agencies.

Nov 2008 – Feb, 2009 – Chief of Staff, Florida House of Representatives. Responsibilities included supervising the 300 plus professional staff of the House and providing staff support to the Speaker and the Members of the House.

2006 – 2008 Council Director of the Policy and Budget Council for the Florida House of Representatives. Responsibilities included providing staff support to the Chair of the Council and the Speaker in the preparation of the General Appropriations Act, the implementing bill, and all budget conforming bills.

2003- 2006 Director of the Office of Policy and Budget in the Executive Office of the Governor. Responsibilities included supervising 100 plus professional staff and assisting Governor Bush prepare budget recommendations and reviewing and approving or vetoing items included in the General Appropriations Act.

2002-2003 Staff director Florida House of Representatives Committee on Appropriations and Policy Coordinator of fiscal policy for the Speaker's Office. Responsibilities include supervision of the preparation of the state's annual budget, providing budgetary and fiscal policy support to the Speaker and Appropriations Committee Chair, and other members of the House, and supervising the staff of the Appropriations Committee and the Finance and Tax Committee.

1999-2002 Health and Human Services Policy Coordinator, Office of Policy and Budget, Executive Office of the Governor. Coordinated health and human services programs for Governor Bush, including preparation of the annual Governor's budget, working with agency heads and their staff in the management of programs, and working with legislators and staff to enact the Governor's priorities into law.

1987-1999 Staff Director, Florida House of Representatives, Committee on Health Care. Responsible for: supervising committee staff in the development and analysis of legislation; advising the committee chair and members of the House on health related matters; working with lobbyists and concerned citizens to identify recommendations for resolving health issues; and related activities. During this employment, I have been closely involved in most of the major health reform efforts initiated by the Florida Legislature for the last decade, including creation of the Department of Health, significant reforms to managed care plans, creation of Community Health Purchasing alliances, creation of the Agency for Health Care Administration, reform of the Medicaid program, funding of and major expansions of indigent health care programs, reforms to medical malpractice laws, workers' compensation reforms, the joint venture law, and sunset reviews of the Medical Practice Act, the hospital licensing law, and clinical laboratory regulation.

1985-1987 Legislative Analyst, Florida Senate, Committee on Health and Rehabilitative Services. Responsible for developing and analyzing health related legislation considered by the Committee.

1982-1985 Legislative Analyst, Florida House of Representatives, Committee on Health and Rehabilitative Services. Responsible for developing and analyzing health related legislation considered by the Committee.

1982 Medicaid Program Specialist, Alternative Health Plan, State of Florida, Department of Health and Rehabilitative Services. One of four program specialists hired to develop and implement a program for cost containment of Medicaid dollars through managed care plans. Specific responsibilities included evaluation of cost savings, development of data systems, and quality assurance.

1980-1982 Health Program Specialist II, State of Florida, Department of Health and Rehabilitative Services, Health Program Office. Participated in development and statewide implementation of school health services program. Also responsible for non-medical administration of child and adolescent health programs in the state.

1979-1980 Research and Planning Specialist I, State of Florida, Department of Community Affairs, Division of Local Resource Management. Responsibilities included performing local government research and planning functions and coordinating the division's electronic data processing functions.

1977-1979 Research Assistant, State of Florida, Department of Health and Rehabilitative Services, E.P.S.D.T. Demonstration Project. This was a project in Dade County designed to improve the delivery of services to Medicaid clients. Responsibilities included data collection and analyses in several project component areas, development and implementation of research designs under supervision of the project manager, redesign of computerized management information system, and related tasks.

EDUCATION

Master of Science: 1977, the Pennsylvania State University, University Park, PA.

Major: Public Health Education. Related emphasis on Public Health (e.g., epidemiology, public health administration methods, school health, human genetics, social statistics, computer science).

Master's Thesis: Epidemiological Analysis of Drowning Death in the Commonwealth of Pennsylvania.

Bachelor of Arts: Highest distinction, 1975, The Pennsylvania State University, University Park, PA.

Major: Anthropology. related courses: human biology, population genetics, demography, computer science.

Honors: Phi Beta Kappa, Phi Kappa Phi

References: available upon request.

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared Michael P. Hansen, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Michael P. Hansen

Signature of Applicant-Affiant

Sworn to and subscribed before me

this 3rd day of October, 2011.

Amy Kelly

Signature of Notary Public-State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: September 11, 2012

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

RECEIVED
DEPARTMENT OF STATE
(seal)
2011 OCT -4 AM 11:27
DIVISION OF ELECTIONS
TALLAHASSEE, FL

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/12
Meeting DateTopic Confirmation HearingBill Number
(if applicable)Name Michael P. HansenAmendment Barcode
(if applicable)Job Title DirectorAddress 4030 Esplanade Way, Suite 380.Phone 850.488.1558Street Tallahassee State FL Zip 32399
CityE-mail Michael-hansen@apd.state.fl.usSpeaking: ☐ For ☐ Against ☒ InformationRepresenting Agency for Persons with DisabilitiesAppearing at request of Chair: ☒ Yes ☐ NoLobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/12
Meeting DateTopic ConfirmationBill Number
(if applicable)Name Charles T. CorleyAmendment Barcode
(if applicable)Job Title SecretaryAddress 4040 Esplanade WayPhone 850-414-2000Street Tallahassee State FL Zip 32399-7000
CityE-mail corley.ct@elderaffairs.orgSpeaking: ☐ For ☐ Against ☒ InformationRepresenting Dept. of Elder AffairsAppearing at request of Chair: ☒ Yes ☐ NoLobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Children, Families, and Elder Affairs Committee

BILL: CS/SB 694

INTRODUCER: Children, Families, and Elder Affairs Committee, Senator Fasano, and others

SUBJECT: Adult Day Care Centers

DATE: January 12, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	Fav/CS
2.			HR	
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

This bill creates the Specialized Alzheimer's Services Adult Day Care Act (Act), which allows an adult day care center to seek voluntary licensure as an adult day care center that specializes in Alzheimer's disease services.

The bill provides heightened requirements that an adult day care center seeking licensure must follow. The operator, and the operator's designee, hired on or after July 1, 2012, of an adult day care center licensed under the Act must:

- Have a bachelor's degree in health care services, social services, or a related field, one year of supervisory experience in a social services or health care services setting, and a minimum of one year of experience in providing dementia-specific services;
- Be a registered or practical nurse licensed in Florida, have one year of supervisory experience in a social services or health care services setting, and a minimum of one year of experience in providing dementia-specific services; or
- Have five years of supervisory experience in a social services or health care services setting and a minimum of three years of experience in providing dementia-specific services.

The bill requires that an adult day care center licensed under the Act have a registered or licensed practical nurse on site daily for at least 75 percent of the time that the center is open to ADRD participants, and that certain staff have additional hours of dementia-specific training and receive an orientation plan.

In order for a person to be admitted to an adult day care center licensed under the Act, the person must:

- Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a documented need for a responsible party to oversee his or her care.
- Not actively demonstrate aggressive behavior that places himself, herself, or others at risk for harm.
- Provide certain medical documentation signed by a licensed physician or health care provider.

The bill provides requirements for an ADRD participant's plan of care and additional requirements that an adult day care center must follow. The bill requires a center to coordinate and execute appropriate discharge procedures if the center involuntarily terminates an ADRD participant's enrollment in the center for medical or behavioral reasons.

The bill specifies that an adult day care center that chooses not to become licensed under the Act may still provide adult day care services to persons who have Alzheimer's disease or other dementia-related disorders. However, an adult day care center may not claim to be licensed to provide specialized Alzheimer's services unless it has been licensed under the Act.

The bill provides definitions for the terms "ADRD participant," "dementia," and "specialized Alzheimer's services," and it provides rulemaking authority to the Department of Elder Affairs to administer the newly created section of law.

This bill amends section 429.917, Florida Statutes. The bill creates section 429.918, Florida Statutes.

II. Present Situation:

Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells and results in loss of memory, thinking, and language skills, and behavioral changes.¹ Alzheimer's disease was named after Dr. Alois Alzheimer, a German physician, who in the early 1900's cared for a 51-year-old woman suffering from severe dementia. Upon the woman's death,

¹ Alzheimer's Foundation of America, *About Alzheimer's, Definition of Alzheimer's*, <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited Aug. 2, 2011).

Dr. Alzheimer conducted a brain autopsy and found bundles of neurofibers and plaques in her brain, which are distinguishing characteristics of what we call Alzheimer's disease today.²

There are approximately 5.4 million Americans currently living with Alzheimer's disease, and that number is projected to rise to 16 million by 2050.³ As the life expectancy for Americans has continued to rise, so has the number of new cases of Alzheimer's disease. For instance, in 2000 there were an estimated 411,000 new cases of Alzheimer's disease in the United States, and in 2010 that number was estimated to be 454,000 – a 10 percent increase.⁴ That number is expected to rise to 959,000 new cases of Alzheimer's disease by 2050, a 130-percent increase from 2000.⁵ Specifically in Florida, approximately 360,000 people age 65 or older had Alzheimer's disease in 2000 and in 2010, that number had risen to 450,000.⁶

As the number of people with Alzheimer's disease increases, so does the cost of caring for these individuals. In 2011, the aggregate cost for health care, long-term care, and hospice for persons with Alzheimer's and other dementias was estimated to be \$183 billion. That number is projected to be \$1.1 trillion by 2050.⁷ A major contributing factor to the cost of care for persons with Alzheimer's is that these individuals have more hospital stays, skilled nursing home stays, and home healthcare visits than older persons who do not have Alzheimer's. Research shows that 22 percent of individuals with Alzheimer's disease who have Medicare also have Medicaid coverage, which pays for nursing home care and other long-term care services.⁸ The total Medicaid spending for people with Alzheimer's disease (and other dementia) was estimated to be \$37 billion in 2011.⁹

In addition to the cost of health care, there is a significant cost associated with unpaid caregivers. An unpaid caregiver is primarily a family member, but can also be other relatives or friends. Such caregivers often provide assistance with daily activities, such as shopping for groceries, preparing meals, bathing, dressing, grooming, assisting with mobility, helping the person take medications, making arrangements for medical care, and performing other household chores. In 2010, nearly 15 million unpaid caregivers provided an estimated 17 billion hours of unpaid care, valued at \$202.6 billion.¹⁰ In 2010, there were 960,037 caregivers in Florida with an estimated value of unpaid care reaching nearly \$13.5 million.¹¹

Adult Day Care Centers

The Agency for Health Care Administration (AHCA or agency) is authorized by statute to

² Michael Plontz, *A Brief History of Alzheimer's Disease*, TODAY'S CAREGIVER, http://www.caregiver.com/channels/alz/articles/a_brief_history.htm (last visited Aug. 2, 2011).

³ Alzheimer's Assn., *Fact Sheet: 2011 Alzheimer's Disease Facts and Figures* (March 2011), available at http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf (last visited Aug. 3, 2011).

⁴ Alzheimer's Assn., *2011 Alzheimer's Disease Facts and Figures*, 7 ALZHEIMER'S & DEMENTIA (Issue 2) at 17, available at http://www.alz.org/downloads/Facts_Figures_2011.pdf (last visited Jan. 10, 2012).

⁵ *Id.*

⁶ *Id.* at 18.

⁷ *Id.* at 35.

⁸ *Id.*

⁹ *Id.* at 44.

¹⁰ This number was established by using an average of 21.9 hours of care a week with a value of \$11.93 per hour. *Id.* at 27.

¹¹ *Id.* at 32.

regulate and develop, establish, and enforce basic standards for adult day care centers (centers). An adult day care center is defined as “any building, buildings, or part of a building, whether operated for profit or not, in which is provided through its ownership or management, for a part of a day, basic services to three or more persons who are 18 years of age or older, who are not related to the owner or operator by blood or marriage, and who require such services.”¹² The agency currently licenses 202 adult day care centers throughout the state.¹³

Section 429.90, F.S., assures the implementation of a program that provides therapeutic social and health activities and services to adults in an adult day care center. A participant¹⁴ in an adult day care center must have functional impairments and be in need of a protective environment where therapeutic social and health activities and services are provided.¹⁵ Centers are prohibited from accepting participants who require medication during the time spent at the center and who are incapable of self-administration of medications, unless there is a person licensed to administer medications at the center.¹⁶

Every adult day care center must offer a planned program of varied activities and services promoting and maintaining the health of participants and encouraging leisure activities, interaction, and communication among participants on a daily basis. Centers are required to make these activities and services available during at least 60 percent of the time the center is open.¹⁷ A center is required to have one staff member for every six participants, but at no time may a center have less than two staff members present, one of whom is certified in first aid and CPR.¹⁸

Section 429.917, F.S., provides specific requirements for centers that offer care to persons with Alzheimer’s disease or other related disorders. Current law authorizes an adult day care center to advertise and promote that it provides special care for persons with Alzheimer’s disease or other related disorders. In order to do so, the center must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons.¹⁹ These centers must provide staff with written information on interacting with participants with Alzheimer’s disease or dementia-related disorders. Additionally, staff who have direct contact with participants who have Alzheimer’s disease or a dementia-related disorder must complete training of at least one hour within the first three months after employment, and staff who provides direct care to those same participants must complete an additional three hours of training within nine months after employment.²⁰ The training for staff who have direct contact with participants must include an overview of dementias and must provide instruction in basic skills for communicating with persons who have dementia. The training for staff who provide direct care to participants must include the management of problem behaviors, information about

¹² Section 429.901(1), F.S.

¹³ Agency for Health Care Admin., *2012 Bill Analysis & Economic Impact Statement, SB 694* (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹⁴ Section 429.901(8), F.S., defines a participant as “a recipient of basic services or of supportive and optional services provided by an adult day care center.”

¹⁵ Agency for Health Care Admin., *supra* note 13.

¹⁶ Rule 58A-6.006, F.A.C.

¹⁷ Rule 58A-6.008, F.A.C.

¹⁸ Rule 58A-6.006, F.A.C.

¹⁹ Section 429.917(2), F.S.

²⁰ Section 429.917(1), F.S.

promoting the participant's independence in activities of daily living, and instruction in skills for working with families and caregivers.

The agency is authorized to license facilities requesting licensure as an adult day care center. There are no additional requirements placed on a center wishing to hold itself out as an adult day care center providing specialized services in any particular field.²¹

III. Effect of Proposed Changes:

This bill creates the Specialized Alzheimer's Services Adult Day Care Act (Act), which allows an adult day care center to seek voluntary licensure as an adult day care center that specializes in Alzheimer's disease services.

The bill defines the term "ADRD participant" as "a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician or a health care provider who is under the direct supervision of a licensed physician." The bill also defines the terms "dementia" and "specialized Alzheimer's services."

In order for an adult day care center to seek licensure under the Act, it must:

- Have a mission statement that includes a commitment to providing dementia-specific services and disclose in the center's advertisements or in a separate document the services that distinguish the care as being suitable for a person who has Alzheimer's disease or a dementia-related disorder.
- Provide a program for dementia-specific, therapeutic activities.
- Maintain at all times a minimum staff-to-participant ratio of one staff member who provides direct services for every five ADRD participants.
- Provide a program for therapeutic activity at least 70 percent of the time.
- Provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of urinary and bowel incontinence care.
- Use assessment tools that identify the ADRD participant's cognitive deficits and identify the specialized and individualized needs of the ADRD participant and the caregiver. This assessment must be updated when the ADRD participant experiences a significant change, but no less frequently than annually.
- Create an individualized plan of care for each ADRD participant, which addresses the identified, dementia-specific needs of the ADRD participant and the caregiver. The plan of care must be reviewed quarterly.
- Conduct a monthly health assessment of each ADRD participant, which includes the ADRD participant's weight, vital signs, and level of assistance needed with activities of daily living.
- Complete a monthly update in the ADRD participant's file regarding the ADRD participant's status or progress toward meeting goals indicated on the plan of care.
- Assist in the referral or coordination of other dementia-specific services and resources needed by the ADRD participant or caregiver.
- Offer, facilitate, or provide referrals to a support group for persons who are caregivers.

²¹ Agency for Health Care Admin., *supra* note 13.

- Provide dementia-specific educational materials regularly to ADRD participants and their caregivers.
- Routinely conduct and document a count of all ADRD participants present in the center.
- Be a secured unit or have working alarm or security devices installed on every door that is accessible to the ADRD participants and provides egress from the center or areas of the center designated for the provision of adult day care – specialized Alzheimer’s services.
- Not allow an ADRD participant to administer his or her own medication.
- Not allow an ADRD participant to drive himself or herself to or from the center.

All operators, and the operator’s designee, of an adult day care center licensed under the Act hired on or after July 1, 2012, must:

- Have at least a bachelor’s degree in health care services, social services, or a related field, one year of supervisory experience in a social services or health care services setting, and a minimum of one year of experience in providing dementia-specific services;
- Be a registered or practical nurse licensed in Florida, have one year of supervisory experience in a social services or health care services setting, and a minimum of one year of experience in providing dementia-specific services; or
- Have five years of supervisory experience in a social services or health care services setting and a minimum of three years of experience in providing dementia-specific services.

The bill requires that a registered or licensed practical nurse be on site daily for at least 75 percent of the time the center is open to ADRD participants.

Upon beginning employment with a center, each employee must receive basic written information about interacting with ADRD participants. Additionally, every employee hired on or after July 1, 2012, who has direct contact with ADRD participants, shall complete four hours of dementia-specific training within the first three months of employment, and employees hired on or after July 1, 2012, who provide direct care to participants, must complete an additional four hours of dementia-specific training within six months of employment. Upon completing this training, the employee will be issued a certificate that includes the name of the training provider, the topics covered in the training, and the date and signature of the training provider. The Department of Elder Affairs (DOEA or department) must approve the training required under the Act.

The training requirements for staff in this bill are more extensive than the current training requirements for staff at an adult day care center that provides care to persons with Alzheimer’s disease. Accordingly, it appears that staff at any adult day care center that provides care to persons with Alzheimer’s would continue to follow the requirements provided for in s. 429.917, F.S., and if a center opts to be licensed under the Act, then staff at that center would be required to meet the additional requirements provided for in this bill.

The bill requires that each employee hired on or after July 1, 2012, who provides direct care to ADRD participants, receive an orientation plan, which must include:

- Procedures to locate an ADRD participant who has wandered from the center. These procedures must be reviewed regularly with all direct care staff.
- Information on the Silver Alert program.
- Information regarding available products or programs used to identify ADRD participants or prevent them from wandering away from the center, their home, or other locations.

In order for a person to be admitted to an adult day care center licensed under the Act, the person must:

- Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a documented need for a responsible party to oversee his or her care.
- Not actively demonstrate aggressive behavior that places himself, herself, or others at risk for harm.
- Provide certain medical documentation signed by a licensed physician or health care provider.

Also, before admitting a person as an ADRD participant, the adult day care center must determine whether the medical, psychological, or behavioral support and intervention required by the person can be provided by the center, and whether the resources required to assist with the person's acuity of care and support can be provided or coordinated by the center.

The bill requires certain documentation to be placed in an ADRD participant's file. First, the file must contain a data sheet, which must be completed within 45 days before or within 24 hours after admission to an adult day care center licensed under the Act. The data sheet must contain information regarding the status of the ADRD participant's enrollment in an identification or wandering-prevention program and a current photograph of the ADRD participant. Second, all dementia-specific services must be documented in the ADRD participant's file. The bill requires that an ADRD participant's plan of care be reviewed at least quarterly and notes regarding the services provided to the ADRD participant and the ADRD participant's activities be entered at least monthly in the ADRD participant's file. An ADRD participant is required to update his or her medical documentation at least annually and the center must place that documentation in the ADRD participant's file.

The bill requires an adult day care center licensed under the Act to provide certain information to each person who enrolls as an ADRD participant in the center or to that person's caregiver. Additionally, if the ADRD participant's enrollment in the center is involuntarily terminated due to medical or behavioral reasons, the center shall coordinate and execute appropriate discharge procedures.

The bill specifies that an adult day care center that chooses not to become licensed under the Act may still provide adult day care services to persons who have Alzheimer's disease or other dementia-related disorders. However, an adult day care center may not claim to be licensed to provide specialized Alzheimer's services unless it has been licensed under the Act.

Finally, the bill provides rule-making authority to DOEA to administer the provisions of the bill.

The bill provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

This bill requires an adult day care center licensed under the Specialized Alzheimer's Services Adult Day Care Act (Act) to maintain a staff-to-participant ratio of one staff member for every five ADRD participants. Currently, adult day care centers must maintain a staff-to-participant ratio of one staff member for every six participants.²² Accordingly, adult day care centers licensed under the Act may incur additional expenses due to the need to hire additional staff to meet the required staffing ratios.

Additionally, this bill requires that certain staff have additional dementia-specific training if working in an adult day care center licensed under the Act. The bill does not specify the cost associated with the training or who is responsible for paying for the training; however, it appears there may be additional expenses incurred to the staff member in order to take the training.

C. Government Sector Impact:

The Agency for Health Care Administration (AHCA or agency) is responsible for the licensing and regulation of adult day care centers. This bill creates an additional license that an adult day care center that wishes to provide specialized Alzheimer's disease services may choose to obtain. The agency will be responsible for verifying licensure application material, reviewing training documentation during licensure inspections, and reviewing the additional regulatory requirements during on-site surveys for adult day care centers licensed under the Act. Accordingly, AHCA anticipates that it will require an additional surveyor position and possibly another full time Health Services and Facilities

²² Rule 58A-6.006, F.A.C.

Consultant to implement the new specialty license.²³ The estimated fiscal impact of the bill is shown in the table below.²⁴

Total Revenues and Expenditures	Year 1 (FY 2012-13)	Year 2 (FY 2013-14)	Year 3 (FY 2014-15)
Sub-Total Recurring Revenues	\$--	\$--	\$--
Total Revenues	\$--	\$--	\$--
Sub-Total Non-Recurring Expenditures	\$7,972	\$--	\$--
Sub-Total Recurring Expenditures	\$52,285	\$94,204	\$94,204
Total Expenditures	\$60,257	\$94,204	\$94,204
Net Impact (Total Revenues minus Total Expenditures)	\$(60,257)	\$(94,204)	\$(94,204)

Also, the bill requires additional training requirements for certain staff employed at an adult day care center that obtains the specialty license created by this bill. This training must be approved by the Department of Elder Affairs (DOEA or department). According to DOEA, the “increased dementia-specific training requirements of this bill could be approved by the Department within the scope of the current contract that the Department has entered into pursuant to s. 429.917, F.S.”²⁵ Additionally, the department does not anticipate that the cost of curricula and trainer review and approval would be impacted by the enhanced training requirements in the bill.²⁶

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

²³ Agency for Health Care Admin., *supra* note 13.

²⁴ *Id.*

²⁵ Fla. Dep’t of Elder Affairs, *2012 Legislative Bill Analysis, Senate Bill 694* (on file with the Senate Committee on Children, Families, and Elder Affairs).

²⁶ *Id.*

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Children, Families, and Elder Affairs on January 12, 2012:**

The committee substitute:

- Prohibits an adult day care center from claiming to be licensed to provide specialized Alzheimer's services unless it has been licensed under the Specialized Alzheimer's Services Adult Day Care Act created by the bill;
- Changes the short title of the bill from the Alzheimer's Adult Day Care Dignity Act to the Specialized Alzheimer's Services Adult Day Care Act;
- Defines the term "ADRD participant";
- States that the licensure created by the bill is voluntary;
- Requires an adult day care center licensed under the bill to provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of urinary and bowel incontinence care;
- Provides that only operators hired on or after July 1, 2012, have to meet the specified educational and experience requirements;
- Provides that a registered nurse or licensed practical nurse must be on site daily for at least 75 percent of the time, rather than during all hours of operation;
- Provides that only staff hired on or after July 1, 2012, have to complete the additional training requirements;
- Requires the Department of Elder Affairs to approve the training required under the bill and provides rulemaking authority to the department to do so;
- Provides that employees must receive a certificate upon completion of the required training;
- Requires every employee to receive basic written information about interacting with ADRD participants;
- Clarifies that the bill does not prohibit an adult day care center that chooses not to become licensed from providing adult day care services to persons who have Alzheimer's disease or other dementia-related disorders;
- Removes certain redundant or overly-specific provisions of the bill;
- Changes several of the timing requirements in the bill so they are less burdensome; and
- Makes technical changes.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/12/2012	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Detert) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (2) of section 429.917, Florida
Statutes, is amended to read:

429.917 Patients with Alzheimer's disease or other related
disorders; staff training requirements; certain disclosures.—

(2) A center licensed under this part which claims that it
provides special care for persons who have Alzheimer's disease
or other related disorders must disclose in its advertisements
or in a separate document those services that distinguish the



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care as being especially applicable to, or suitable for, such persons. The center must give a copy of all such advertisements or a copy of the document to each person who requests information about the center and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the center's records as part of the license renewal procedure. An adult day care center may not claim to be licensed to provide specialized Alzheimer's services unless it has been licensed pursuant to s. 429.918.

Section 2. Section 429.918, Florida Statutes, is created to read:

429.918 Certification for specialized Alzheimer's services.—

(1) This act may be cited as the "Specialized Alzheimer's Services Adult Day Care Act."

(2) As used in this section, the term:

(a) "ADRD participant" means a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician or a health care provider who is under the direct supervision of a licensed physician.

(b) "Dementia" means the loss of at least two intellectual functions, such as thinking, remembering, and reasoning, which is severe enough to interfere with a person's daily function. The term does not describe a disease, but describes a group of symptoms that may accompany certain diseases or physical conditions.

(c) "Specialized Alzheimer's services" means therapeutic,



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behavioral, health, safety, and security interventions; clinical care; support services; and educational services that are customized for the specialized needs of a participant's caregiver and the participant who is affected by Alzheimer's disease or an irreversible, degenerative condition resulting in dementia.

(3) In addition to the standards required for licensure as an adult day care center under this part, an adult day care center may seek voluntary licensure under this section as an adult day care center - specialized Alzheimer's services.

(4) An adult day care center seeking licensure under this section must:

(a) Have a mission statement that includes a commitment to proving dementia-specific services and disclose in the center's advertisements or in a separate document the services that distinguish the care as being suitable for a person who has Alzheimer's disease or a dementia-related disorder.

(b) Provide ADRD participants with a program for dementia-specific, therapeutic activities, including, but not limited to, physical, cognitive, and social activities appropriate for the ADRD participant's age, culture, and level of function.

(c) Maintain at all times a minimum staff-to-participant ratio of one staff member who provides direct services for every five ADRD participants.

(d) Provide ADRD participants with a program for therapeutic activity at least 70 percent of the time that the center is open.

(e) Provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of



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71 urinary and bowel incontinence care.

72 (f) Use assessment tools that identify the ADRD
73 participant's cognitive deficits and identify the specialized
74 and individualized needs of the ADRD participant and the
75 caregiver. This assessment shall be conducted when the ADRD
76 participant is initially admitted into the center and shall be
77 updated when the ADRD participant experiences a significant
78 change, but no less frequently than annually.

79 (g) Create an individualized plan of care for each ADRD
80 participant which addresses the identified, dementia-specific
81 needs of the ADRD participant and the caregiver. The plan of
82 care shall be established when the ADRD participant is initially
83 admitted into the center and reviewed at least quarterly.

84 (h) Conduct a monthly health assessment of each ADRD
85 participant which includes, but is not limited to, the ADRD
86 participant's weight, vital signs, and level of assistance
87 needed with activities of daily living.

88 (i) Complete a monthly update in each ADRD participant's
89 file regarding the ADRD participant's status or progress toward
90 meeting the goals indicated on the individualized plan of care.

91 (j) Assist in the referral or coordination of other
92 dementia-specific services and resources needed by the ADRD
93 participant or the caregiver, such as medical services,
94 counseling, medical planning, legal planning, financial
95 planning, safety and security planning, disaster planning,
96 driving assessment, transportation coordination, or wandering
97 prevention.

98 (k) Offer, facilitate, or provide referrals to a support
99 group for persons who are caregivers to ADRD participants.



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(l) Provide dementia-specific educational materials regularly to ADRD participants, as appropriate, and their caregivers.

(m) Routinely conduct and document a count of all ADRD participants present in the center throughout each day. This count must be compared to each ADRD participant's attendance record in order to ensure that an ADRD participant is not missing from the center.

(n) Be a secured unit or have working alarm or security devices installed on every door that is accessible to the ADRD participant and provides egress from the center or areas of the center designated for the provision of adult day care - specialized Alzheimer's services.

(o) Not allow an ADRD participant to administer his or her own medication.

(p) Not allow an ADRD participant to drive himself or herself to or from the center.

(5) The operator of an adult day care center licensed under this section, and the operator's designee, as applicable, hired on or after July 1, 2012, shall:

(a) Have at least a bachelor's degree in health care services, social services, or a related field, 1 year of supervisory experience in a social services or health care services setting, and a minimum of 1 year of experience in providing services to persons who have dementia;

(b) Be a registered or practical nurse licensed in this state, have 1 year of supervisory experience in a social services or health care services setting, and have a minimum of 1 year of experience in providing services to persons who have



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dementia; or

(c) Have 5 years of supervisory experience in a social services or health care services setting and a minimum of 3 years of experience in providing services to persons who have dementia.

(6) (a) An adult day care center licensed under this section must provide the following staff training and supervision:

1. A registered nurse or licensed practical nurse must be on site daily for at least 75 percent of the time that the center is open to ADRD participants. Each licensed practical nurse who works at the center must be supervised in accordance with chapter 464.

2. Upon beginning employment with the center, each employee must receive basic written information about interacting with ADRD participants.

3. In addition to the information provided in subparagraph 2., every employee hired on or after July 1, 2012, who has direct contact with ADRD participants shall complete 4 hours of dementia-specific training within 3 months after employment.

4. In addition to the requirements of subparagraphs 2. and 3., each employee hired on or after July 1, 2012, who provides direct care to ADRD participants shall complete an additional 4 hours of dementia-specific training within 6 months after employment.

(b) The Department of Elderly Affairs or its designee shall approve the training required under this section. The department shall adopt rules to establish standards for employees who are subject to this training, for trainers, and for the training required in this section.



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(c) Upon completing any training described in this section, the employee shall be issued a certificate that includes the name of the training provider, the topics covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topics, and the employee is not required to repeat training in those topics if the employee changes employment to a different adult day care center.

(d) Each employee hired on or after July 1, 2012, who provides direct care to ADRD participants, must receive an orientation plan that includes, at a minimum:

1. Procedures to locate an ADRD participant who has wandered from the center. These procedures shall be reviewed regularly with all direct care staff.

2. Information on the Silver Alert program in this state.

3. Information regarding available products or programs used to identify ADRD participants or prevent them from wandering away from the center, their home, or other locations.

(7) (a) An ADRD participant admitted to an adult day care center licensed under this section must:

1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.

2. Not actively demonstrate aggressive behavior that places himself, herself, or others at risk of harm.

3. Provide the following medical documentation signed by a licensed physician or a health care provider who is under the direct supervision of a licensed physician:



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187 a. Any physical, health, or emotional conditions that
188 require medical care.

189 b. A listing of the ADRD participant's current prescribed
190 and over-the-counter medications and dosages, diet restrictions,
191 mobility restrictions, and other physical limitations.

192 4. Provide documentation signed by a health care provider
193 licensed in this state which indicates that the ADRD participant
194 is free of the communicable form of tuberculosis and free of
195 signs and symptoms of other communicable diseases.

196 (b) Before admitting an ADRD participant to an adult day
197 care center licensed under this section, the center shall
198 determine whether:

199 1. The medical, psychological, safety, and behavioral
200 support and intervention required by the ADRD participant can be
201 provided by the center.

202 2. The resources required to assist with the ADRD
203 participant's acuity level of care and support needed can be
204 provided or coordinated by the center.

205 (8) (a) An ADRD participant's file must include a data
206 sheet, which must be completed within 45 days before or within
207 24 hours after admission to an adult day care center licensed
208 under this section. The data sheet must contain:

209 1. Information regarding the status of the ADRD
210 participant's enrollment in an identification or wandering-
211 prevention program, including the name of the program; and

212 2. A current photograph of the ADRD participant.

213 (b) Dementia-specific services shall be documented in the
214 ADRD participant's file.

215 (c) An ADRD participant's plan of care must be reviewed at



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least quarterly. Notes regarding services provided to the ADRD participant must be entered at least monthly in the ADRD participant's file, and must indicate the ADRD participant's status or progress toward achieving identified goals. Additional notes must be entered more frequently if indicated by the ADRD participant's condition.

(d) An ADRD participant shall annually provide the center with updated medical documentation required under subparagraphs (7)(a)3. and 4., and the center must place that documentation in the ADRD participant's file.

(9) An adult day care center licensed under this section must give to each person who enrolls as an ADRD participant in the center, or the caregiver, a copy of the ADRD participant's plan of care, as well as information regarding resources to assist in ensuring the safety and security of the ADRD participant, which must include, but need not be limited to, information pertaining to driving for those persons affected by dementia, available technology on wandering-prevention devices and identification devices, the Silver Alert program in this state, and dementia-specific safety interventions and strategies that can be used in the home setting.

(10) If an ADRD participant's enrollment in the center is involuntarily terminated due to medical or behavioral reasons, the center shall coordinate and execute appropriate discharge procedures with the ADRD participant and the caregiver.

(11) This section does not prohibit an adult day care center that does not become licensed under this section from providing adult day care services to persons who have Alzheimer's disease or other dementia-related disorders.



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(12) The Department of Elderly Affairs may adopt rules to administer this section.

Section 3. This act shall take effect July 1, 2012.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to adult day care centers; amending s.
429.917, F.S.; prohibiting an adult day care center
from claiming to be licensed to provide specialized
Alzheimer's services under certain circumstances;
creating s. 429.918, F.S.; providing a short title;
providing definitions; providing for the voluntary
licensure of adult day care centers that provide
specialized Alzheimer's services; requiring an adult
day care center seeking such licensure to meet
specified criteria; providing educational and
experience requirements for the operator of an adult
day care center seeking licensure to provide
specialized Alzheimer's services; providing criteria
for staff training and supervision; requiring that the
Department of Elderly Affairs approve the staff
training; requiring the department to adopt rules;
requiring that the employee be issued a certificate
upon completion of the staff training; providing
requirements for staff orientation; providing
requirements for admission into such an adult day care



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center; requiring that a participant's file include a data sheet, which shall be completed within a certain timeframe; requiring that certain information be included in the data sheet; requiring that dementia-specific services be documented in a participant's file; requiring that a participant's plan of care be reviewed quarterly; requiring that certain notes be entered into a participant's file; requiring the participant to provide the adult day care center with updated medical documentation; requiring the center to give each person who enrolls as a participant, or the caregiver, a copy of the participant's plan of care and safety information; requiring that the center coordinate and execute discharge procedures with a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder and the caregiver if the participant's enrollment in the center is involuntarily terminated; providing that the act does not prohibit an adult day care center that does not become licensed to provide specialized Alzheimer's services from providing adult day care services to persons who have Alzheimer's disease or other dementia-related disorders; authorizing the Department of Elderly Affairs to adopt rules; providing an effective date.

By Senator Fasano

11-00305A-12

2012694

1 A bill to be entitled
 2 An act relating to adult day care centers; providing a
 3 short title; providing definitions; providing for the
 4 licensure of adult day care centers that provide
 5 specialized Alzheimer's services; requiring an adult
 6 day care center seeking such licensure to meet
 7 specified criteria; providing educational and
 8 experience requirements for the operator of an adult
 9 day care center seeking licensure to provide
 10 specialized Alzheimer's services; providing criteria
 11 for staff training and supervision; providing the
 12 minimum ratio of staff members to participants;
 13 providing requirements for staff orientation;
 14 providing requirements for admission into such an
 15 adult day care center; requiring that a participant's
 16 file include a data sheet, which must be completed
 17 within a certain timeframe; requiring that certain
 18 information be included in the data sheet; requiring
 19 that dementia-specific services be documented in a
 20 participant's file; requiring that a participant's
 21 plan of care be reviewed each month; requiring that
 22 certain notes be entered into a participant's file;
 23 requiring the participant to provide the adult day
 24 care center with updated medical documentation;
 25 requiring the center to give each person who enrolls
 26 as a participant or the caregiver a copy of the
 27 participant's plan of care and a copy of the center's
 28 policies and procedures; requiring the center to
 29 coordinate and execute discharge procedures with a

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

11-00305A-12

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30 participant whose enrollment in the center is
 31 involuntarily terminated; providing that only an adult
 32 day care center that holds an appropriate license may
 33 use the term "adult day care - specialized Alzheimer's
 34 services" or advertise that it provides specialized
 35 care for persons who have Alzheimer's disease or other
 36 dementia-related disorders; authorizing the Department
 37 of Elderly Affairs to adopt rules; providing an
 38 effective date.
 39

40 Be It Enacted by the Legislature of the State of Florida:

41
 42 Section 1. (1) This act may be cited as the "Alzheimer's
 43 Adult Day Care Dignity Act."

44 (2) As used in this section, the term:

45 (a) "Dementia" means the loss of at least two intellectual
 46 functions, such as thinking, remembering, and reasoning, which
 47 is severe enough to interfere with a person's daily function.
 48 The term does not describe a disease, but describes a group of
 49 symptoms that may accompany certain diseases or physical
 50 conditions.

51 (b) "Specialized Alzheimer's services" means therapeutic,
 52 behavioral, health, safety, and security interventions; clinical
 53 care; support services; and educational services that are
 54 customized for the specialized needs of a participant's
 55 caregiver and the participant who is affected by Alzheimer's
 56 disease or an irreversible, degenerative condition resulting in
 57 dementia.

58 (3) In addition to the standards required for licensure as

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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an adult day care center under s. 429.917, Florida Statutes, an adult day care center may seek licensure under this section as an adult day care center - specialized Alzheimer's services.

(4) An adult day care center seeking licensure under this section must:

(a) Have a mission statement that includes a commitment to providing dementia-specific services and disclose in the center's advertisements or in a separate document the services that distinguish the care as being suitable for a person who has Alzheimer's disease or a dementia-related disorder.

(b) Provide a program for dementia-specific, therapeutic activities, including, but not limited to, physical, cognitive, and social activities appropriate for a participant's level of function.

(c) Maintain at all times a minimum staff-to-participant ratio of one staff member who provides direct services for every five participants.

(d) Provide a program for therapeutic activity at least 70 percent of the time that the center is open to participants.

(e) Use assessment tools that identify the participant's cognitive deficits and identify the specialized and individualized needs of the participant and the caregiver, if applicable. This assessment must be conducted when the participant is initially admitted into the center and must be updated at least annually.

(f) Create an individualized plan of care for each participant which addresses the identified, dementia-specific needs of the participant and the caregiver, if applicable. The plan of care must be established when the participant is

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initially admitted into the center and reviewed at least monthly.

(g) Conduct a monthly health assessment of the participant which includes, but is not limited to, the participant's weight, vital signs, and level of assistance needed with activities of daily living.

(h) Complete a monthly narrative in the participant's file regarding the participant's status or progress toward meeting the goals indicated on the individualized plan of care.

(i) Assist in the referral or coordination of other dementia-specific services and resources needed by the participant or the caregiver, such as medical services, counseling, medical planning, legal planning, financial planning, safety and security planning, disaster planning, driving assessment, and wandering prevention. The center may establish relationships with providers that have a demonstrated knowledge and commitment to serving participants affected by Alzheimer's disease or a dementia-related disorder and their caregivers.

(j) Offer, facilitate, or provide referrals to a support group for persons who are caregivers to participants who are affected by Alzheimer's disease or a dementia-related disorder.

(k) Provide to participants and caregivers at least one dementia-specific educational program every 3 months.

(l) Conduct and document at least three times each day a count of all participants present in the center. This count must be compared to each participant's attendance record to ensure that a participant is not missing from the center.

(m) Be a secured unit or have working, audible alarm

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117 devices installed on every door that provides egress from the
 118 center and is accessible to the participants.

119 (n) Not allow a participant to administer his or her own
 120 medication.

121 (o) Not allow a participant to drive himself or herself to
 122 or from the center.

123 (5) (a) The operator of an adult day care center licensed
 124 under this section, or the operator's designee, must:

125 1. Have at least a bachelor's degree in health care
 126 services, social services, or a related field, 1 year of
 127 supervisory experience in a social services or health care
 128 services setting, and a minimum of 1 year of experience in
 129 providing dementia-specific services;

130 2. Be licensed as a registered nurse, have 1 year of
 131 supervisory experience in a social services or health care
 132 services setting, and have a minimum of 1 year of experience in
 133 providing dementia-specific services; or

134 3. Have 5 years of supervisory experience in a social
 135 services or health care services setting and a minimum of 3
 136 years of experience in providing dementia-specific services.

137 (b) An adult day care center licensed under this section
 138 must provide the following staff training and supervision:

139 1. A registered nurse or licensed practical nurse must be
 140 on site during all hours of program operation. Each licensed
 141 practical nurse who works at the center must be supervised in
 142 accordance with chapter 464, Florida Statutes.

143 2. Each employee who has direct contact with participants
 144 must complete 4 hours of state-approved, dementia-specific
 145 training within the first 3 months following employment.

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146 3. Each employee who provides direct care to participants
 147 must complete an additional 4 hours of state-approved training
 148 in dementia within 6 months following employment.

149 4. A staff member who provides direct care to a participant
 150 must provide hands-on assistance and care with the participant's
 151 activities of daily living.

152 (c) The plan for staff orientation must include, at a
 153 minimum:

154 1. Information regarding Alzheimer's disease and other
 155 dementia-related disorders.

156 2. Procedures to locate a participant who has wandered from
 157 the center. These procedures must be reviewed at least once
 158 every 3 months with all direct care staff.

159 3. Information on the Silver Alert program in this state.

160 4. Information regarding available products or programs
 161 used to identify participants or prevent them from wandering
 162 away from the center.

163 (6) (a) In order to be admitted as a participant into an
 164 adult day care center licensed under this section, a person:

165 1. Must have a documented diagnosis of Alzheimer's disease
 166 or a dementia-related disorder from a physician licensed in this
 167 state.

168 2. Must require ongoing supervision to maintain the highest
 169 level of medical or custodial functioning and have a
 170 demonstrated need for a responsible party to oversee his or her
 171 care.

172 3. Must be mobile to the degree that the person can bear
 173 enough weight to assist in transferring himself or herself
 174 between seated and standing positions.

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175 4. Must not require more than two staff members to safely
 176 transfer the person from a seated position to a standing
 177 position.

178 5. Must not actively demonstrate aggressive behavior that
 179 places himself, herself, or others at risk of harm.

180 6. Must provide the following medical documentation signed
 181 by a physician licensed in this state or a health care provider
 182 under the direct supervision of a physician licensed in this
 183 state:

184 a. Any physical or emotional conditions that require
 185 medical care;

186 b. A listing of the current prescribed medications and
 187 dosages, diet restrictions, and mobility restrictions; and

188 c. Proof that the person is free of the communicable form
 189 of tuberculosis and free of signs and symptoms of other
 190 communicable diseases.

191 (b) Before a person is admitted as a participant into an
 192 adult day care center licensed under this section, the center
 193 must determine whether:

194 1. The medical, psychological, or behavioral support and
 195 intervention required by the person can be provided by the
 196 center.

197 2. The resources required to assist with the person's
 198 acuity of care and support needed can be provided or coordinated
 199 by the center.

200 (7) (a) A participant's file must include a data sheet,
 201 which must be completed within 45 days before or within 24 hours
 202 after admission to an adult day care center licensed under this
 203 section. The data sheet must contain:

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204 1. Information regarding the status of the participant's
 205 enrollment in an identification or wandering-prevention program,
 206 including the name of the program; and

207 2. A current photograph of the participant.

208 (b) Dementia-specific services must be documented in a
 209 participant's file.

210 (c) A participant's plan of care must be reviewed at least
 211 once each month. Notes regarding nursing and social work
 212 services provided to the participant and the participant's
 213 activities must be entered at least monthly in the participant's
 214 file, and must indicate the participant's status or progress
 215 toward achieving identified goals. Additional notes must be
 216 entered more frequently if indicated by the participant's
 217 condition.

218 (d) A participant shall annually provide the center with
 219 updated medical documentation required under subparagraph
 220 (6) (a) 6., and the center must place that documentation in the
 221 participant's file.

222 (8) An adult day care center licensed under this section
 223 must give to each person who enrolls as a participant in the
 224 center or the caregiver a copy of the participant's plan of care
 225 and a copy of the policies and procedures of the center which
 226 must include, but are not limited to, information pertaining to
 227 driving for those persons affected by dementia, available
 228 technology on wandering-prevention devices and identification
 229 devices, the Silver Alert program in this state, and dementia-
 230 specific safety interventions and strategies that can be used in
 231 the home setting.

232 (9) If a participant's enrollment in the center is

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233 involuntarily terminated due to medical or behavioral reasons,
234 the center shall coordinate and execute appropriate discharge
235 procedures with the participant and the caregiver.

236 (10) Only an adult day care center licensed under this
237 section may use the term "adult day care - specialized
238 Alzheimer's services" and advertise that the center provides
239 specialized care for persons who have Alzheimer's disease or
240 other dementia-related disorders.

241 (11) The Department of Elderly Affairs may adopt rules to
242 administer this section.

243 Section 2. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Budget - Subcommittee on Criminal and Civil Justice
Appropriations, *Chair*
Banking and Insurance
Budget
Budget - Subcommittee on Transportation, Tourism,
and Economic Development Appropriations
Communications, Energy, and Public Utilities
Health Regulation
Military Affairs, Space, and Domestic Security

JOINT COMMITTEE:

Administrative Procedures

SENATOR MIKE FASANO

11th District

November 21, 2011

The Honorable Ronda Storms
Senate Committee on Children, Families, and Elder Affairs
520 Knott Building
404 S. Monroe St.
Tallahassee, FL 32399

RECEIVED

NOV 21 2011

**Senate Committee
Children and Families**

Dear Chairman Storms:

My SB 694 pertaining to Adult Day Care Centers is now in your committee for consideration. I would greatly appreciate it if you would place this bill on the first available agenda for review by the committee.

Thank you in advance for your consideration of this request. As always, if there is ever anything I can do for you please do not hesitate to call on me.

Yours truly,

A handwritten signature in black ink, appearing to read "Mike".

Mike Fasano
State Senator, District 11

MF/gc

Cc: Renai Farmer, Staff Director

REPLY TO:

- ☐ 8217 Massachusetts Avenue, New Port Richey, Florida 34653-3111 (727) 848-5885
- ☐ 406 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5062

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

11/12/12
Meeting Date

Topic _____ Bill Number SB 694 (if applicable)

Name Ron Radcliffe Amendment Barcode _____ (if applicable)

Job Title VP of Community Care

Address 800 N. Parkway Ste 101B Phone (561) 683-2700
West Palm Beach, FL 33407 E-mail rradcliffe@alzcare.org
 City State Zip

Speaking: ☒ For ☐ Against ☐ Information

Representing Alzheimer's Community Care

Appearing at request of Chair: ☐ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-12-12
Meeting Date

Topic ALZHEIMER'S Specialty Clinic Bill Number 694 (if applicable)

Name Ken Pruitt Amendment Barcode _____ (if applicable)

Job Title _____

Address 3032 S.W. Williams Dr. Phone 772-971-5760
Port St. Lucie FL 34953 E-mail Ken@theP5group.com
 City State Zip

Speaking: ☒ For ☐ Against ☐ Information

Representing ALZHEIMER'S Community Care

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/12
Meeting DateTopic _____ Bill Number 694 (if applicable)Name Mary Barnes Amendment Barcode _____ (if applicable)Job Title CEO, Alzheimer's Community CareAddress 800 Northpoint Parkway Sk/D1B Phone (561) 683-2700Street
City West Palm Beach, FL State FL Zip 33407 E-mail mbarnes@alzcare.orgSpeaking: ☒ For ☐ Against ☐ InformationRepresenting Alzheimer's Community CareAppearing at request of Chair: ☐ Yes ☐ NoLobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-12-12
Meeting DateTopic Adult Day Care Centers Bill Number 694 (if applicable)Name FELY CURVA Amendment Barcode _____ (if applicable)Job Title Partner, Curva & Associates LLCAddress 1212 Piedmont Dr. Phone (850) 508-2256Street
City Tallahassee State FL Zip 32312 E-mail curva@mindspring.comSpeaking: ☒ For ☐ Against ☐ InformationRepresenting Alzheimer's Foundation of AmericaAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/12

Meeting Date

Topic Specialized ADC for Alg. DisBill Number SB 694
(if applicable)Name Christine PowersAmendment Barcode _____
(if applicable)Job Title Director Adult Day ServicesAddress 12417 Clock Tower PkwyPhone 227-862-9291 x2002Street
Hudson, FL 34667
City State ZipE-mail cpowers@carestfl.orgSpeaking: ☒ For ☐ Against ☐ InformationRepresenting Florida Adult Day Services AssocAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

01/12/12

Meeting Date

Topic Alzheimer's Adult Day CareBill Number SB 694
(if applicable)Name Dixie SansonAmendment Barcode _____
(if applicable)Job Title LobbyistAddress PO Box 98Phone 321.543.7195Street
Cocoa, FL 32923
City State ZipE-mail dixiesanson@aol.comSpeaking: ☒ For ☐ Against ☐ InformationRepresenting The Arc of FloridaAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-12-12

Meeting Date

Topic ADULT DAY CARE

Bill Number SB 694
(if applicable)

Name TED CRANER

Amendment Barcode _____
(if applicable)

Job Title PRESIDENT

Address 307 E 7th Ave

Phone 850-488-8276

Street TALLAHASSEE State FL Zip 32303
City

E-mail TCRANER@AARP.ORG

Speaking: ☒ For ☐ Against ☐ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/12

Meeting Date

Topic Adult Day Care Centers

Bill Number 694
(if applicable)

Name Laura Cantwell

Amendment Barcode _____
(if applicable)

Job Title _____

Address 200 West College Avenue, Suite 301

Phone 577-5163
850-500-0000

Street Tallahassee, FL State FL Zip 32301
City

E-mail lcantwell@aarp.org

Speaking: ☒ For ☐ Against ☐ Information

Representing AARP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Children, Families, and Elder Affairs Committee

BILL: CS/SB 682

INTRODUCER: Children, Families, and Elder Affairs Committee, Senator Richter, and others

SUBJECT: Alzheimer's Disease

DATE: January 12, 2011

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	Fav/CS
2.			GO	
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|--|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="checked" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

This bill creates the Purple Ribbon Task Force within the Department of Elder Affairs to develop a comprehensive state plan to address the needs of individuals with Alzheimer's disease and their caregivers.

The purpose of the task force is to assess the current and future impact of Alzheimer's disease on Florida; examine the existing industries, services, and resources in place that address the needs of individuals with Alzheimer's disease; examine the needs of persons of all cultural backgrounds having Alzheimer's disease; develop a strategy to mobilize a state response to the Alzheimer's disease epidemic; hold public meetings; and provide additional information.

The task force shall consist of 18 members appointed by the Governor, President of the Senate, and Speaker of the House of Representatives, and the task force must submit a report and its recommendations for an Alzheimer's disease state strategy by August 1, 2013.

This bill creates an unnumbered section of the Florida Statutes.

II. Present Situation:

Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disorder that attacks the brain's nerve cells and results in loss of memory, thinking, and language skills, and behavioral changes.¹ Alzheimer's disease was named after Dr. Alois Alzheimer, a German physician, who in the early 1900's cared for a 51-year-old woman suffering from severe dementia. Upon the woman's death, Dr. Alzheimer conducted a brain autopsy and found bundles of neurofibers and plaques in her brain, which are distinguishing characteristics of what we call Alzheimer's disease today.²

There are approximately 5.4 million Americans currently living with Alzheimer's disease, and that number is projected to rise to 16 million by 2050.³ As the life expectancy for Americans has continued to rise, so has the number of new cases of Alzheimer's disease. For instance, in 2000 there were an estimated 411,000 new cases of Alzheimer's disease in the United States, and in 2010 that number was estimated to be 454,000 – a 10 percent increase.⁴ That number is expected to rise to 959,000 new cases of Alzheimer's disease by 2050, a 130-percent increase from 2000.⁵ Specifically in Florida, approximately 360,000 people age 65 or older had Alzheimer's disease in 2000 and in 2010, that number had risen to 450,000.⁶

As the number of people with Alzheimer's disease increases, so does the cost of caring for these individuals. In 2011, the aggregate cost for health care, long-term care, and hospice for persons with Alzheimer's and other dementias was estimated to be \$183 billion. That number is projected to be \$1.1 trillion by 2050.⁷ A major contributing factor to the cost of care for persons with Alzheimer's is that these individuals have more hospital stays, skilled nursing home stays, and home healthcare visits than older persons who do not have Alzheimer's. Research shows that 22 percent of individuals with Alzheimer's disease who have Medicare also have Medicaid coverage, which pays for nursing home care and other long-term care services.⁸ The total Medicaid spending for people with Alzheimer's disease (and other dementia) was estimated to be \$37 billion in 2011.⁹

In addition to the cost of health care, there is a significant cost associated with unpaid caregivers. An unpaid caregiver is primarily a family member, but can also be other relatives or friends. Such caregivers often provide assistance with daily activities, such as shopping for groceries, preparing meals, bathing, dressing, grooming, assisting with mobility, helping the person take

¹ Alzheimer's Foundation of America, *About Alzheimer's, Definition of Alzheimer's*, <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited Aug. 2, 2011).

² Michael Plontz, *A Brief History of Alzheimer's Disease*, TODAY'S CAREGIVER, http://www.caregiver.com/channels/alz/articles/a_brief_history.htm (last visited Aug. 2, 2011).

³ Alzheimer's Assn., *Fact Sheet: 2011 Alzheimer's Disease Facts and Figures* (March 2011), available at http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf (last visited Aug. 3, 2011).

⁴ Alzheimer's Assn., *2011 Alzheimer's Disease Facts and Figures*, 7 ALZHEIMER'S & DEMENTIA (Issue 2) at 17, available at http://www.alz.org/downloads/Facts_Figures_2011.pdf (last visited Jan. 10, 2012).

⁵ *Id.*

⁶ *Id.* at 18.

⁷ *Id.* at 35.

⁸ *Id.*

⁹ *Id.* at 44.

medications, making arrangements for medical care, and performing other household chores. In 2010, nearly 15 million unpaid caregivers provided an estimated 17 billion hours of unpaid care, valued at \$202.6 billion.¹⁰ In 2010, there were 960,037 caregivers in Florida with an estimated value of unpaid care reaching nearly \$13.5 million.¹¹

Alzheimer's Disease Initiative

In 1985, the Florida Legislature put into place the Alzheimer's Disease Initiative (ADI or Initiative). The Initiative has four objectives: (1) to provide supportive services; (2) to establish memory disorder clinics; (3) to provide model day care programs to test new care alternatives; and (4) to establish a research database and brain bank to support research.¹² There are 15 memory disorder clinics throughout the state, 13 of which are state funded.¹³ The purpose of these clinics is to conduct research related to diagnostic technique, therapeutic interventions, and supportive services for persons with Alzheimer's disease and to develop caregiver-training materials.¹⁴ According to ADI, the memory disorder clinics are required to:

- Provide services to persons suspected of having Alzheimer's disease or other related dementia;
- Provide four hours of in-service training during the contract year to all ADI respite and model day care service providers and develop and disseminate training models to service providers and the Department of Elder Affairs;
- Develop training materials and educational opportunities for lay and professional caregivers and provide specialized training for caregivers and caregiver organizations;
- Conduct service-related applied research;
- Establish a minimum of one annual contact with each respite care and model day care service provider to discuss, plan, develop, and conduct service-related research projects; and
- Plan for the public dissemination of research findings through professional papers and to the general public.¹⁵

Individuals diagnosed with or suspected of having Alzheimer's disease are eligible for memory disorder clinic services. In fiscal year 2009-2010, Florida's memory disorder clinics received nearly \$3 million in state funds and served just over 5,000 clients.¹⁶

Model day care programs have been established in conjunction with memory disorder clinics to test therapeutic models and provide day care services. These programs provide a safe environment where Alzheimer's patients can socialize with each other, as well as receive therapeutic interventions designed to maintain or improve their cognitive functioning. Model day

¹⁰ This number was established by using an average of 21.9 hours of care a week with a value of \$11.93 per hour. *Id.* at 27.

¹¹ *Id.* at 32.

¹² Fla. Dep't of Elder Affairs, *Alzheimer's Disease Initiative*, <http://elderaffairs.state.fl.us/english/alz.php> (last visited Aug. 16, 2011).

¹³ *Id.*

¹⁴ Section 430.502(2), F.S.

¹⁵ Fla. Dep't of Elder Affairs, *Summary of Programs and Services*, 87-88 (Feb. 2011), available at http://elderaffairs.state.fl.us/english/pubs/pubs/sops2011/Files/2011_SOPS_full%20web.pdf (last visited Aug. 16, 2011).

¹⁶ *Id.* at 91.

care programs also provide training for health care and social service personnel in the care of individuals with Alzheimer's disease or related memory disorders. There are currently four model day care programs in the state.¹⁷

The ADI also includes respite care services, which includes in-home, facility-based, emergency and extended care respite for caregivers who serve individuals with memory disorders.¹⁸ In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining individuals with Alzheimer's disease or related dementia in their own homes. The supportive services may include caregiver training and support groups, counseling, consumable medical supplies and nutritional supplements. Services are authorized by a case manager based on a comprehensive assessment. Alzheimer's Respite Care programs are established in all of Florida's 67 counties.¹⁹

Alzheimer's Disease State Plans²⁰

Currently, 30 states and the District of Columbia have developed or are in the process of developing state plans to deal with the Alzheimer's disease epidemic. In 2009, the Alzheimer's Study Group (ASG), an 11 member blue ribbon panel, released a report outlining recommendations to deal with Alzheimer's disease related issues and policy. These recommendations included:

- Expanding the type, pace, and level of funding of Alzheimer's research;
- Instituting value-based payments to reimburse providers who care for individuals with Alzheimer's; and
- Creating an Alzheimer's Solutions Project Office within the federal government to coordinate and oversee implementation of Alzheimer's-related issues and policy.

In response to the ASG report, Congress passed the National Alzheimer's Project Act (NAPA). NAPA requires the federal Department of Health and Human Services to create a national strategic plan to coordinate Alzheimer's disease efforts across the federal government.

Florida does not currently have a state plan in place to deal with the Alzheimer's disease crisis. Developing and implementing a state plan is a four-phase process.²¹ The first phase is a state mandate that puts the weight of state government behind the development of an Alzheimer's disease state plan through the creation of a state plan task force. This bill would accomplish the first phase of the state plan process.

¹⁷ Fla. Dep't of Elder Affairs, *supra* note 12.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ Alzheimer's Assn., *Issue Kit: State Government Alzheimer's Disease Plans*, 4 (on file with the Senate Committee on Children, Families, and Elder Affairs).

²¹ The first phase involves creating a state task force to develop an Alzheimer's disease state plan. The second phase involves the development of the state plan as mandated by the task force. Phase three is translating the vision of the state plan into actual public policy. And phase four focuses on executing the programs and enforcement of the policies outlined in the state plan. *Id.* at 5.

III. Effect of Proposed Changes:

This bill creates the Purple Ribbon Task Force within the Department of Elder Affairs (DOEA) to develop a comprehensive state plan to address the needs of individuals with Alzheimer's disease and their caregivers.

The purpose of the task force is to:

- Assess the current and future impact of Alzheimer's disease and related forms of dementia on the state.
- Examine the existing industries, services, and resources addressing the needs of persons having Alzheimer's disease or a related form of dementia and their family caregivers.
- Examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of dementia and how their lives are affected by the disease from younger-onset, through mid-stage, to late-stage.
- Develop a strategy to mobilize a state response to Alzheimer's disease.
- Hold public meetings to gather feedback on the recommendations submitted by persons having Alzheimer's disease or a related form of dementia and their family caregivers and by the general public.

Additionally, the bill requires the task force to provide information regarding state trends with respect to people with Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

- The role of the state in providing community-based care, long-term care, family caregiver support, and assistance to persons who are in the early stages of Alzheimer's disease, who have younger-onset Alzheimer's disease, or who have a related form of dementia;
- The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia;
- Surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state;
- Existing services, resources, and capacity;
- The type, cost, and availability of dementia services in the state;
- Policy requirements and effectiveness for dementia-specific training for professionals providing care;
- Quality care measures employed by providers of care;
- The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia;
- The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers;
- An inventory of long-term care facilities and community-based services serving persons having Alzheimer's disease or a related form of dementia;
- The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or other dementia;

- Residential assisted living options for persons having Alzheimer's disease or a related form of dementia;
- The level of preparedness of service providers before, during, and after a catastrophic emergency involving a person having Alzheimer's disease or a related form of dementia;
- Needed state policies or responses.

The task force shall consist of 18 members, six appointed by the Governor, six appointed by the President of the Senate, and six appointed by the Speaker of the House of Representatives. The members of the task force shall be as follows:

- A member of the House of Representatives;
- A member of the Senate;
- A representative from the Alzheimer's Association;
- At least one person having Alzheimer's disease or a related form of dementia;
- At least one family caregiver or former family caregiver of a person having Alzheimer's disease or a related form of dementia;
- A representative from the Alzheimer's Disease Advisory Committee;
- A representative of law enforcement with knowledge about the disappearance, abuse, exploitation, and suicide of persons having Alzheimer's disease or a related form of dementia;
- A representative who has knowledge of and experience with the Baker Act and its impact on persons having Alzheimer's disease or a related form of dementia;
- An expert on disaster preparedness and response for persons having Alzheimer's disease or a related form of dementia;
- A representative of a health care facility or hospice that serves persons with Alzheimer's disease;
- A representative of the adult day care services industry;
- A representative of health care practitioners specializing in the treatment of persons having Alzheimer's disease or related dementias;
- A Florida board-certified elder law attorney;
- A representative of the area agencies on aging or aging and disability resource centers;
- A person who is an Alzheimer's disease researcher;
- A representative from a memory disorder clinic;
- A representative of the assisted living facility industry; and
- A representative of the skilled nursing facility.

Task force appointments must be made by July 1, 2012, and members of the task force are to serve without compensation and may not receive reimbursement for per diem or travel expenses.

Finally, the task force must submit a report of its findings and date-specific recommendations in the form of an Alzheimer's disease state strategy and policy recommendations to the Governor and Legislature by August 1, 2013. The task force will terminate on the earlier of the date the report is submitted or August 1, 2013.

The bill shall take effect upon becoming a law.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

This bill creates the Purple Ribbon Task Force comprising of 18 members. These members are to serve on the task force without compensation and may not receive reimbursement for per diem or travel expenses. Accordingly, any costs that may be incurred as a result of participating on the task force will be borne by the individual.

C. Government Sector Impact:

The bill creates the Purple Ribbon Task Force within the Department of Elder Affairs (DOEA or department) and provides that the department shall provide any necessary administrative support for the task force. According to a representative from the department, this bill should have an insignificant impact on DOEA because any potential fiscal impact is expected to be absorbed with existing resources.²²

VI. Technical Deficiencies:

Lines 163-168 of the bill provide that the task force is to hold public meetings and gather recommendations from the public, however, the bill does not specify what the purpose of the public meetings is or what type of recommendations the task force should be collecting from the public.

VII. Related Issues:

None.

²² Health & Human Servs. Access Subcommittee, The Florida House of Representatives, *HB 473, Alzheimer's Disease*, 6, available at <http://www.flsenate.gov/Session/Bill/2012/0473/Analyses/YluJKpGJQ1ZB6M7smYBwSel=PL=rCo=%7C11/Public/Bills/0400-0499/0473/Analysis/h0473a.HSAS.PDF> (last visited Jan. 9, 2012).

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs on January 12, 2012:

The committee substitute:

- Specifies additional members of the task force (a representative from a memory disorder clinic, the assisted living facility industry, and the skilled nursing facility industry) and provides hospice and Aging and Disability Resource Centers the opportunity to be represented;
- Requires the task force to examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of dementia;
- Includes reference to alternative avenues of care, such as community-based care, respite, adult day care, and hospice services;
- Clarifies that task force meetings may be held in person (not just electronically or by teleconference);
- Provides in the whereas clauses the most current numbers on the Alzheimer's disease population in the state;
- Changes the effective date from July 1, 2012, to upon becoming a law; and
- Makes technical changes.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/12/2012	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Latvala) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. The Purple Ribbon Task Force.—The Purple Ribbon Task Force is established within the Department of Elderly Affairs.

(1) The task force shall consist of 18 volunteer members, of whom six shall be appointed by the Governor, six shall be appointed by the Speaker of the House of Representatives, and six shall be appointed by the President of the Senate, as follows:



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13 (a) A member of the House of Representatives.

14 (b) A member of the Senate.

15 (c) A representative from the Alzheimer's Association.

16 (d) At least one person having Alzheimer's disease or a
17 related form of dementia.

18 (e) At least one family caregiver or former family
19 caregiver of a person having Alzheimer's disease or a related
20 form of dementia.

21 (f) A representative from the Alzheimer's Disease Advisory
22 Committee.

23 (g) A representative of law enforcement with knowledge
24 about the disappearance and recovery, self-neglect, abuse,
25 exploitation, and suicide of persons having Alzheimer's disease
26 or a related form of dementia.

27 (h) A representative who has knowledge of and experience
28 with the Baker Act and its impact on persons having Alzheimer's
29 disease or a related form of dementia.

30 (i) An expert on disaster preparedness and response for
31 persons having Alzheimer's disease or a related form of
32 dementia.

33 (j) A representative of a health care facility or hospice
34 that serves persons with Alzheimer's disease.

35 (k) A representative of the adult day care services
36 industry.

37 (l) A representative of health care practitioners
38 specializing in the treatment of persons having Alzheimer's
39 disease or a related form of dementia.

40 (m) A Florida board-certified elder law attorney.

41 (n) A representative of the area agencies on aging or aging



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42 and disability resource centers.

43 (o) A person who is an Alzheimer's disease researcher.

44 (p) A representative from a memory disorder clinic.

45 (q) A representative of the assisted living facility
46 industry.

47 (r) A representative of the skilled nursing facility
48 industry.

49 (2) Initial appointments to the task force shall be made by
50 July 1, 2012. A vacancy on the task force shall be filled for
51 the unexpired portion of the term in the same manner as the
52 original appointment.

53 (3) Members shall serve on the task force without
54 compensation and may not receive reimbursement for per diem or
55 travel expenses.

56 (4) The Department of Elderly Affairs shall convene the
57 task force and provide necessary administrative support.

58 (5) The task force shall:

59 (a) Assess the current and future impact of Alzheimer's
60 disease and related forms of dementia on the state.

61 (b) Examine the existing industries, services, and
62 resources addressing the needs of persons having Alzheimer's
63 disease or a related form of dementia and their family
64 caregivers.

65 (c) Examine the needs of persons of all cultural
66 backgrounds having Alzheimer's disease or a related form of
67 dementia and how their lives are affected by the disease from
68 younger-onset, through mid-stage, to late-stage.

69 (d) Develop a strategy to mobilize a state response to this
70 public health crisis.



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(e) Provide information regarding:

1. State trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

a. The role of the state in providing community-based care, long-term care, and family caregiver support, including respite, education, and assistance to persons who are in the early stages of Alzheimer's disease, who have younger-onset Alzheimer's disease, or who have a related form of dementia.

b. The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia.

c. Surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state at present and projected population levels.

2. Existing services, resources, and capacity, including, but not limited to:

a. The type, cost, and availability of dementia-specific services throughout the state.

b. Policy requirements and effectiveness for dementia-specific training for professionals providing care.

c. Quality care measures employed by providers of care, including providers of respite, adult day care, assisted living facility, skilled nursing facility, and hospice services.

d. The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia, including, but not limited to, responding to their disappearance, search and rescue, abuse, elopement, exploitation, or suicide.



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e. The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers.

f. An inventory of long-term care facilities and community-based services serving persons having Alzheimer's disease or a related form of dementia.

g. The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or a related form of dementia.

h. Residential assisted living options for persons having Alzheimer's disease or a related form of dementia.

i. The level of preparedness of service providers before, during, and after a catastrophic emergency involving a person having Alzheimer's disease or a related form of dementia and their caregivers and families.

3. Needed state policies or responses, including, but not limited to, directions for the provision of clear and coordinated care, services, and support to persons having Alzheimer's disease or a related form of dementia and their caregivers and families and strategies to address any identified gaps in the provision of services.

(f) Hold public meetings and employ technological means to gather feedback on the recommendations submitted by persons having Alzheimer's disease or a related form of dementia, their caregivers and families, and the general public. Meetings of the task force may be held in person without compensation or reimbursement for travel expenses, by teleconference, or by



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other electronic means.

(6) The task force shall submit a report of its findings and date-specific recommendations in the form of an Alzheimer's disease state plan to the Governor, the Speaker of the House of Representatives, and the President of the Senate no later than August 1, 2013. The task force shall terminate on the earlier of the date the report is submitted or August 1, 2013.

Section 2. This act shall take effect upon becoming a law.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to Alzheimer's disease; establishing the Purple Ribbon Task Force within the Department of Elderly Affairs; providing for membership; providing that members shall serve without compensation or reimbursement for per diem or travel expenses; requiring the department to provide administrative support; providing duties of the task force; authorizing the task force to hold meetings by teleconference or other electronic means, or in person without compensation or reimbursement for per diem or travel expenses; requiring the task force to submit a report in the form of an Alzheimer's disease state plan to the Governor and Legislature; providing for termination of the task force; providing an effective date.



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WHEREAS, Alzheimer's disease is a slow, progressive disorder of the brain that results in loss of memory and other cognitive functions and eventually death, and

WHEREAS, because Alzheimer's disease is accompanied by memory loss, poor judgment, changes in personality and behavior, and a tendency to wander or become lost, a person with this disease is at an increased risk for accidental injury, abuse, neglect, and exploitation, and

WHEREAS, approximately one in eight Americans 65 years of age or older and almost half of Americans 85 years of age or older develop Alzheimer's disease or a related form of dementia, and

WHEREAS, there are 459,806 probable cases of Alzheimer's disease in this state in 2011, which population is expected to triple by the year 2050, and

WHEREAS, Alzheimer's disease takes an enormous toll on family members, with an estimated one in four family members providing caregiving support for individuals with the disease, and

WHEREAS, caregivers for persons having Alzheimer's disease witness the deteriorating effects of the disease and often suffer more emotional stress, depression, and health problems than caregivers of people having other illnesses, which can negatively affect such caregivers' employment, income, and financial security, and

WHEREAS, younger-onset Alzheimer's disease is a form of Alzheimer's disease that strikes a person who is younger than 65 years of age when symptoms first appear, but younger-onset



659240

Alzheimer's disease can strike persons as early as 30, 40, or 50 years of age, with new data showing that there may be as many as 500,000 Americans under the age of 65 who have dementia or cognitive impairment at a level of severity consistent with dementia, and

WHEREAS, the state needs to assess the current and future impact of Alzheimer's disease on Floridians and the state's health care system, programs, resources, and services to ensure the continued development and implementation of a more inclusive, integrated, comprehensive, coordinated, and current strategy to address the needs of the growing number of Floridians having Alzheimer's disease or a related form of dementia and the corresponding needs of their caregivers, NOW, THEREFORE,

By Senator Richter

37-00704-12

2012682

A bill to be entitled

An act relating to Alzheimer's disease; establishing the Purple Ribbon Task Force within the Department of Elderly Affairs; providing for membership; providing that members shall serve without compensation or reimbursement for per diem or travel expenses; requiring the department to provide administrative support; providing duties of the task force; authorizing the task force to hold meetings by teleconference or other electronic means; requiring the task force to submit a report in the form of an Alzheimer's disease state strategy and policy recommendations to the Governor and Legislature; providing for termination of the task force; providing an effective date.

WHEREAS, Alzheimer's disease is a slow, progressive disorder of the brain that results in loss of memory and other cognitive functions and eventually death, and

WHEREAS, because Alzheimer's disease is accompanied by memory loss, poor judgment, changes in personality and behavior, and a tendency to wander or become lost, a person with this disease is at an increased risk for accidental injury, abuse, neglect, and exploitation, and

WHEREAS, approximately one in eight Americans 65 years of age or older and almost half of Americans 85 years of age or older develop Alzheimer's disease or a related form of dementia, and

WHEREAS, this state has an estimated 520,000 persons having

Page 1 of 7

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

37-00704-12

2012682

Alzheimer's disease, which population is expected to triple by the year 2050, and

WHEREAS, Alzheimer's disease takes an enormous toll on family members, with an estimated one in four family members providing caregiving support for individuals with the disease, and

WHEREAS, caregivers for persons having Alzheimer's disease witness the deteriorating effects of the disease and often suffer more stress, depression, and health problems than caregivers of people having other illnesses, which can negatively affect such caregivers' employment, income, and financial security, and

WHEREAS, early-onset Alzheimer's disease is a form of Alzheimer's disease that strikes a person who is younger than 65 years of age when symptoms first appear, but early-onset Alzheimer's disease can strike persons as early as 30, 40, or 50 years of age, with new data showing that there may be as many as 500,000 Americans under the age of 65 who have dementia or cognitive impairment at a level of severity consistent with dementia, and

WHEREAS, the state needs to assess the current and future impact of Alzheimer's disease on Floridians and the state's health care system, programs, and services to ensure the development and implementation of an integrated, comprehensive, coordinated, and current strategy to address the needs of the growing number of Floridians having Alzheimer's disease or a related form of dementia and the corresponding needs of their caregivers, NOW, THEREFORE,

Page 2 of 7

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

37-00704-12 2012682

Be It Enacted by the Legislature of the State of Florida:

Section 1. The Purple Ribbon Task Force.—The Purple Ribbon Task Force is established within the Department of Elderly Affairs.

(1) The task force shall consist of 18 volunteer members, of whom six shall be appointed by the Governor, six shall be appointed by the Speaker of the House of Representatives, and six shall be appointed by the President of the Senate, as follows:

(a) A member of the House of Representatives.

(b) A member of the Senate.

(c) A representative from the Alzheimer's Association.

(d) At least one person having Alzheimer's disease or a related form of dementia.

(e) At least one family caregiver or former family caregiver of a person having Alzheimer's disease or a related form of dementia.

(f) A representative from the Alzheimer's Disease Advisory Committee or a state memory disorder clinic.

(g) A representative of law enforcement with knowledge about the disappearance, abuse, exploitation, and suicide of persons having Alzheimer's disease or a related form of dementia.

(h) An expert on the Baker Act and its impact on persons having Alzheimer's disease or a related form of dementia.

(i) An expert on emergency preparedness for persons having Alzheimer's disease or a related form of dementia.

(j) A representative of a health care facility that serves

37-00704-12 2012682

persons with Alzheimer's disease.

(k) A representative of the adult day care services industry.

(l) A representative of health care practitioners specializing in the treatment of persons having Alzheimer's disease or a related form of dementia.

(m) An elder-law attorney.

(n) A representative of the area agencies on aging or aging resource centers.

(o) A person who is an Alzheimer's disease researcher.

(2) Initial appointments to the task force shall be made by July 1, 2012. A vacancy on the task force shall be filled for the unexpired portion of the term in the same manner as the original appointment.

(3) Members shall serve on the task force without compensation and may not receive reimbursement for per diem or travel expenses.

(4) The Department of Elderly Affairs shall convene the task force and provide necessary administrative support.

(5) The task force shall:

(a) Assess the current and future impact of Alzheimer's disease and related forms of dementia on the state.

(b) Examine the existing industries, services, and resources addressing the needs of persons having Alzheimer's disease or a related form of dementia and their family caregivers.

(c) Develop a strategy to mobilize a state response to this public health crisis.

(d) Provide information regarding:

37-00704-12 2012682

1. State trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

a. The role of the state in providing long-term care, family caregiver support, and assistance to persons who are in the early stages of Alzheimer's disease, who have early-onset Alzheimer's disease, or who have a related form of dementia.

b. The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia.

c. Surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state.

2. Existing services, resources, and capacity, including, but not limited to:

a. The type, cost, and availability of dementia services throughout the state.

b. Requirements for dementia-specific training for professionals providing care.

c. Quality care measures employed by long-term care facilities.

d. The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia, including, but not limited to, responding to their disappearance, abuse, exploitation, or suicide.

e. The availability of home and community-based services for persons having Alzheimer's disease or a related form of dementia and respite care to assist their families.

f. An inventory of long-term care facilities serving

37-00704-12 2012682

persons having Alzheimer's disease or a related form of dementia.

g. The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or a related form of dementia.

h. Residential assisted living options for persons having Alzheimer's disease or a related form of dementia.

i. The level of preparedness of service providers before, during, and after a catastrophic emergency involving a person having Alzheimer's disease or a related form of dementia.

3. Needed state policies or responses, including, but not limited to, directions for the provision of clear and coordinated services and support to persons having Alzheimer's disease or a related form of dementia and their family caregivers and strategies to address any identified gaps in services.

(e) Hold public meetings and employ technological means to gather feedback on the recommendations submitted by persons having Alzheimer's disease or a related form of dementia and their family caregivers and by the general public. Meetings of the task force may be held by teleconference or other electronic means.

(6) The task force shall submit a report of its findings and date-specific recommendations in the form of an Alzheimer's disease state strategy and policy recommendations to the Governor, the Speaker of the House of Representatives, and the President of the Senate no later than August 1, 2013. The task force shall terminate on the earlier of the date the report is

37-00704-12

2012682__

175 submitted or August 1, 2013.

176 Section 2. This act shall take effect July 1, 2012.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Banking and Insurance, *Chair*
Budget
Budget - Subcommittee on Health and Human Services
Appropriations
Community Affairs
Judiciary
Rules
Rules - Subcommittee on Ethics and Elections

JOINT COMMITTEE:

Legislative Budget Commission

SENATOR GARRETT RICHTER

37th District

November 17, 2011

The Honorable Ronda Storms, Chair
Committee on Children, Family and Elder Affairs
Florida Senate
520 Knott Building
404 South Monroe Street
Tallahassee, FL 32399

RECEIVED

NOV 17 2011

Senate Committee
Children and Families

Dear Chair Storms:

Senate Bill 682, Alzheimer's Disease, has been referred to the Committee on Children, Families and Elder Affairs. I would appreciate the placing of this bill on the committee agenda at your earliest convenience.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Garrett Richter".

Garrett Richter

cc: Ranai Farmer, Staff Director

REPLY TO:

- ☐ 3299 East Tamiami Trail, Suite 203, Naples, Florida 34112 (239) 417-6205
- ☐ 1039 S.E. 9th Place, Room 310, Cape Coral, Florida 33990 (239) 338-2777
- ☐ 322 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5124

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-12-12
Meeting Date

Topic Alzheimer's Disease

Bill Number 682
(if applicable)

Name Fely Cuva

Amendment Barcode _____
(if applicable)

Job Title Partner, Cuva & Associates LLC

Address 1212 Piedmont Dr.

Phone (850) 508-2256

Tallahassee FL 32312
City State Zip

E-mail cuva@mindspring.com

Speaking: ☒ For ☐ Against ☐ Information

Representing Alzheimer's Foundation of America

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/12/12
Meeting Date

Topic Alzheimer's Disease

Bill Number 682
(if applicable)

Name Laura Cantwell

Amendment Barcode _____
(if applicable)

Job Title _____

Address 200 W College Av Suite 304

Phone 850-577-5163

Tallahassee FL 32301
City State Zip

E-mail lcantwell@carp.org

Speaking: ☒ For ☐ Against ☐ Information

Representing AARP

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic ALZHEIMER STATE PLANBill Number 682
(if applicable)Name NATALIE KELLYAmendment Barcode _____
(if applicable)

Job Title _____

Address PO Box 923Phone 850-570-5747

Street

TAMAHASSEE, FL 32301E-mail NATALIE@

City

State

Zip

Speaking: ☒ For ☐ Against ☐ InformationACCURIM STRATEGIES, INC.Representing ALZHEIMER'S ASSOCIATIONAppearing at request of Chair: ☐ Yes ☐ NoLobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Purple RibbonBill Number SB682
(if applicable)Name Christine PowersAmendment Barcode _____
(if applicable)Job Title Director Adult Day ServicesAddress 12417 Clock Tower PkwyPhone 727-862-9291 x2002

Street

Hudson, FL 34667E-mail cpowers@caresfl.org

City

State

Zip

Speaking: ☒ For ☐ Against ☐ InformationRepresenting Florida Adult Day Services AssocAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Children, Families, and Elder Affairs Committee

BILL: SB 722

INTRODUCER: Senator Garcia

SUBJECT: Autism

DATE: January 11, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Farmer	CF	Favorable
2.			GO	
3.			BC	
4.				
5.				
6.				

I. Summary:

This bill creates the Autism Spectrum Disorder Study Committee (committee) to examine the effects of autism spectrum disorder (ASD) on families in which English is the second language. The committee, composed of 10 members, is to advise the Agency for Persons with Disabilities (APD) on matters relating to the occurrence of ASD in those families. The committee must prepare a report for the Governor, the President of the Senate, and the Speaker of the House of Representatives by September 1, 2013, which is also when the committee expires.

This bill creates an unnumbered section of the Florida Statutes.

II. Present Situation:

What is Autism?

Autism is a term used to describe a group of complex developmental disabilities that many researchers believe are the result of a neurological disorder that affects the functioning of the brain. More people are being diagnosed with autism than ever before, and the Centers for Disease Control and Prevention (CDC) considers it a public health crisis.¹

¹ See, e.g., Catherine Rice, *Prevalence of Autism Spectrum Disorders --- Autism and Developmental Disabilities Monitoring Network, United States, 2006* (2006), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5810a1.htm> (last visited Dec. 16, 2011).

Individuals with autism often have problems communicating with others through spoken language and nonverbal communication. The early signs of autism usually appear in the form of developmental delays before a child turns 3 years old.²

Section 393.063(3), F.S., defines autism as “a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.”

The various forms of autism are referred to as the autism spectrum disorders (ASD), meaning that autism can be manifested in a wide variety of combinations, from mild to severe. Thus, many different behaviors can indicate that a person should be diagnosed as autistic. According to the National Institute of Mental Health (NIMH), the pervasive developmental disorders, or ASDs, range from a severe form, called autistic disorder, to a milder form, Asperger’s syndrome.³ A child can also be diagnosed with pervasive developmental disorder not otherwise specified (PDD NOS) if the child has symptoms of both disorders, but does not meet the specific criteria for either. Other disorders that are included in the autism spectrum are Rett syndrome⁴ and childhood disintegrative disorder.⁵ The NIMH states that all children with an ASD demonstrate deficits in:

- *Social Interaction* – Most children with ASD have difficulty learning to engage in everyday human interaction. Children with ASD are also slower in understanding subtle social cues (nonverbal communication) and thus struggle to interpret what others are thinking and feeling. This causes them to often find social interaction confusing and frustrating. It is also common for people with ASD to have difficulty controlling their emotions. Examples include episodes of disruptive behavior such as crying or verbal

² Centers for Disease Control and Prevention, *Autism Spectrum Disorders (ASDs), Signs and Symptoms*, <http://www.cdc.gov/ncbddd/autism/signs.html> (last visited Dec. 16, 2011).

³ Nat’l Institute of Health, Dep’t of Health and Human Servs., *Autism Spectrum Disorders, Pervasive Developmental Disorders*, NIH Publication No. 08-5511, at 2 (2008), available at <http://www.nimh.nih.gov/health/publications/autism/nimhautismspectrum.pdf> (last visited Dec. 16, 2011). Asperger’s syndrome is “a developmental disorder that affects a person’s ability to socialize and communicate effectively with others. Children with Asperger’s syndrome typically exhibit social awkwardness and an all-absorbing interest in specific topics.” The Mayo Clinic, *Asperger’s Syndrome, Definition*, <http://www.mayoclinic.com/health/aspergers-syndrome/DS00551> (last visited Dec. 20, 2011); see also Dr. Tony Attwood, *What is Asperger’s Syndrome?*, OASIS @ MAAP, <http://aspergersyndrome.org/Articles/What-is-Asperger-Syndrome-.aspx> (last visited Dec. 20, 2011).

⁴ Rett syndrome is a relatively rare disorder, affecting almost exclusively females. According to NIMH, “After a period of normal development, sometime between 6 and 18 months, autism-like symptoms begin to appear. The little girl’s mental and social development regresses – she no longer responds to her parents and pulls away from any social contact. If she has been talking, she stops; she cannot control her feet; she wrings her hands. Some of the problems associated with Rett syndrome can be treated. Physical, occupational, and speech therapy can help with problems of coordination, movement, and speech.” Nat’l Institute of Health, *supra* note 3, at 4.

⁵ Childhood disintegrative disorder (CDD) is a very rare form of ASD, usually found in males. Symptoms may start to appear as early as age 2, but the average age of onset is between 3 and 4 years. Until this time, the child has age-appropriate skills in communication and social relationships. The long period of normal development before regression helps differentiate CDD from Rett syndrome. The loss of such skills as vocabulary is more dramatic in CDD than they are in classical autism. The diagnosis requires extensive and pronounced losses involving motor, language, and social skills. CDD is also accompanied by loss of bowel and bladder control and oftentimes seizures and a very low IQ. *Id.*

- outbursts at inappropriate times or physical aggression. They often can lose self-control when exposed to a strange or overwhelming environment or when angry or frustrated.⁶
- *Verbal and nonverbal communication* – Persons with ASD often have difficulty developing standard communication skills. Some children with ASD remain mute, while others do not develop language until ages 5 to 9. Others use language in unusual ways or utilize sign language or pictures to communicate. The body language of a person with ASD can be difficult to understand because it is not always consistent with the words he or she is saying. As they grow older, persons with ASD often become more aware of their difficulties in communication, which can lead to anxiety or depression.⁷
 - *Repetitive behaviors or interests* – Persons with ASD often perform repetitive motions that set them apart from their peers. For example, some children and adults repeatedly flap their arms or walk on their toes while others freeze in position. Children with ASD exhibit the need for consistency in their environment. Changes in daily routines – such as mealtimes, dressing, bathing, going to school at a certain time and by the same route – can cause autistics to become extremely disturbed. As children, they might spend hours lining up their toys in a certain way and if the toys are moved they may become upset. Additionally, autistics often form intense, obsessive preoccupations with certain objects or topics on which they focus much of their energy.⁸

Another common difficulty is that children with ASD often have unusual responses to sensory experiences, such as certain sounds or the way objects look.

Florida law defines the term “autism spectrum disorder” as any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM):⁹

- Autistic disorder.
- Asperger’s syndrome.
- Pervasive developmental disorder not otherwise specified.¹⁰

Diagnosis of Autism Spectrum Disorders

There is no medical test for ASDs. Instead, doctors look at behavioral symptoms to make a diagnosis. Research shows that the diagnosis of autism at age 2 can be reliable, valid, and stable.

⁶ *Id.* at 7-8.

⁷ *Id.* at 8-9.

⁸ *Id.* at 9-10.

⁹ The DSM, published by the American Psychiatric Association, is the primary system used to classify and diagnose mental disorders. The 4th edition of the DSM was released in 1994. On February 10, 2010, the American Psychiatric Association released its draft criteria for the fifth edition of the DSM on its website. The draft DSM-5 includes collapsing all autism related diagnoses into one single category, “autism spectrum disorder,” that would incorporate autistic disorder, Asperger’s syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified. The final DSM-5 is scheduled for release in May 2013. See Am. Psychiatric Ass’n, DSM-5 Development, *Proposed Draft Revisions to DSM Disorders and Criteria*, <http://www.dsm5.org/Pages/Default.aspx> (last visited Dec. 20, 2011).

¹⁰ Sections 627.6686(2)(b) and 641.31098(2)(b), F.S.

However, many children do not receive final diagnosis until they are much older.¹¹ This delay in diagnosis may result in lost opportunities for specialized early intervention.

The diagnosis of ASD is a two-stage process. The first stage involves developmental screening during “well child” check-ups. These screening tests are used solely for identifying children with developmental disabilities. Additional screening may be needed if a child’s symptoms warrant it or if he or she is at high risk for ASD.¹²

The second stage of diagnosis is a comprehensive evaluation. If the initial screening tests indicate the possibility of ASD, then further comprehensive testing is performed. Comprehensive testing is done by health care practitioners from multiple disciplines (psychologists, psychiatrists, neurologists, speech therapists, and other professions with experience in diagnosing children with ASD) who evaluate the child in depth. This may include:

- Clinical observations;
- Parent interviews;
- Developmental histories;
- Psychological testing;
- Speech and language assessments;
- The possibility of the use of one or more autism diagnostic scales; and
- The possibility of physical, neurological, and genetic testing.¹³

Treatment Approaches for Autism Spectrum Disorders

Much of the scientific and clinical evidence indicates that early treatment of autism during preschool years (ages 3 to 5) often yields very positive results in mitigating the effects of ASDs. According to the National Institute of Neurological Disorders and Stroke (NINDS), therapies for autism are designed to remedy specific symptoms.¹⁴ Educational and behavioral interventions are highly structured and usually aimed at the development of skills such as language and social skills. Medication may be prescribed to reduce self-injurious behavior or other behavioral symptoms of autism. Early intervention is important for children because children learn most rapidly when they are very young. If begun early enough, such intervention has a chance of favorably influencing brain development.

In a 2001 report, the Commission on Behavioral and Social Sciences and Education recommended that treatment “services begin as soon as a child is suspected of having an autistic spectrum disorder. Those services should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, and developmentally appropriate educational activity toward identified objectives.”¹⁵

¹¹ Centers for Disease Control and Prevention, *Autism Spectrum Disorders (ASDs), Screening and Diagnosis*, <http://www.cdc.gov/ncbddd/autism/screening.html> (last visited on Dec. 20, 2011).

¹² The CDC considers a child with a sibling or parent with an ASD to be at high risk. *Id.*

¹³ *Id.*

¹⁴ Nat’l Institute of Neurological Disorders and Stroke, Nat’l Institutes of Health, *NINDS Autism Information Page*, http://www.ninds.nih.gov/disorders/autism/autism.htm#Is_there_any_treatment (last visited Dec. 20, 2011).

¹⁵ Comm’n on Behavioral and Social Sciences and Education, *Educating Children with Autism*, at 6 (2001), available at http://www.nap.edu/openbook.php?record_id=10017&page=6 (last visited Dec. 20, 2011).

Florida's Centers for Autism and Related Disabilities (CARD) are established in s. 1004.55, F.S., to provide nonresidential resource and training services for persons who have autism, a pervasive developmental disorder that is not otherwise specified, an autistic-like disability, a dual sensory impairment, or a sensory impairment with other handicapping conditions. There are seven CARD centers throughout the state, serving clients in their geographic areas.¹⁶

Each of the centers is involved in academic research, and each provides information and resources to families to enable them to assist their loved ones dealing with ASD. In particular, early application of speech-language therapy, occupational therapy, and physical therapy are encouraged for individuals with autism.

Autism Spectrum Disorder in the Hispanic Community

In 2009, the Hispanic population in Florida was nearly 4 million, and 86 percent of Hispanics lived in a household where a language other than English was spoken.¹⁷ The incidence of ASD does not differ across racial or ethnic groups.¹⁸ Dr. Bobbie Vaughn with the University of South Florida's CARD Center notes:

The rise in autism spectrum disorders and concomitant rise in the Latino population as the fastest growing minority along with linguistic differences potentially creates the widening of an already established disparity. . . . The parents of many of these children also have limited English proficiency. . . . This presents another challenge for children who might also have communication and social problems related to ASD.

These adult language barriers alone might prevent an immigrant Latino parent from taking their child to a clinic. In addition to language, [it] is documented that racial bias, patient preferences, and poor communication (i.e., relaying of information) present health care access barriers for Latino and other minority families.¹⁹

These cultural and linguistic issues can lead to late or inaccurate diagnoses, which can be devastating in a disorder like ASD, where early intervention is critical. Further, there exists a

¹⁶ The seven centers are located at the College of Medicine at Florida State University; the College of Medicine at the University of Florida; the University of Florida Health Science Center at Jacksonville; the Louis de la Parte Florida Mental Health Institute at the University of South Florida; the Mailman Center for Child Development and the Department of Psychology at the University of Miami; the College of Health and Public Affairs at the University of Central Florida; and the Department of Exceptional Student Education at Florida Atlantic University. Section 1004.55(1), F.S.

¹⁷ PEW Hispanic Ctr., PEW Research Ctr., *Demographic Profile of Hispanics in Florida, 2009*, <http://pewhispanic.org/states/?stateid=FL> (last visited Dec. 20, 2011).

¹⁸ Catherine Rice, *supra* note 1.

¹⁹ Bobbie J. Vaughn, Ph.D., Associate Professor, University of South Florida, *Project Conectar: Building Capacity in a Community Learn the Signs Act Early* (on file with the Committee on Children, Families, and Elder Affairs). This ongoing research project is investigating the use of natural helpers, or promotoras, in Little Havana, Miami, to overcome the cultural and linguistic disparities that prevent families from seeking early help for their children and preventing early and accurate diagnosis of ASD and other developmental disabilities.

general lack of Spanish-speaking health care professionals trained to diagnose individuals with ASD, exacerbating the problems faced by these families.²⁰

III. Effect of Proposed Changes:

This bill creates the Autism Spectrum Disorder Study Committee (committee) to examine the effects of autism spectrum disorder (ASD) on families in which English is the second language. The committee is to advise the Agency for Persons with Disabilities (APD) on legislative, programmatic and administrative matters relating to the occurrence of ASD in those families.

The committee shall consist of 10 members, four of whom are appointed by the Governor, three are appointed by the President of the Senate, and three by the Speaker of the House of Representatives. The membership must include:

- At least one physician licensed under chs. 458 or 459, F.S.;
- At least one psychiatrist licensed under chs. 458 or 459, F.S.;
- At least one psychologist licensed under ch. 490, F.S.;
- At least one certified behavior analyst specializing in treatment of autism through speech, occupational, or physical therapy or through applied behavior analysis, or a provider licensed under ch. 491, F.S. (*i.e.*, a clinical social worker, marriage and family therapist, or mental health counselor);²¹
- The State Surgeon General or an employee of the Department of Health appointed by the State Surgeon General;
- At least one parent of a child with autism;
- At least one educator certified in special education;
- At least one doctor from UM-NSU CARD, Center for Autism & Related Disabilities; and
- At least one person who has autism.

Initial appointments must be made by July 1, 2012, and subsequent vacancies are to be filled by the original appointing authority for the duration of the term.

The committee must appoint a chair by majority vote at its first meeting. The committee must meet at least six times bimonthly beginning in August 2012. The last meeting may be no later than August 30, 2013.

The members do not receive compensation for their service, and state funds may not be expended for the management and operation of the committee; however, the State Surgeon General may expend money to publish the recommendations and public announcements.

A final report must be completed by September 1, 2013, and presented to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The committee expires on September 1, 2013.

²⁰ Conversation with Mary Kay Bunton-Pierce, USF CARD Center (Mar. 10, 2011).

²¹ Pursuant to s. 491.003(13), F.S., a licensed clinical social worker, marriage and family therapist, or mental health counselor may also be referred to as a “psychotherapist”.

The bill is effective upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill requires specified physicians and members of the public to participate in the bimonthly meetings of the committee. The bill does not provide compensation to these people for participating on the committee. Therefore, there may be a slight fiscal impact to these committee members.

C. Government Sector Impact:

The bill requires the State Surgeon General or a Department of Health designee to participate in the bimonthly meetings of the committee. Additionally, the bill authorizes the State Surgeon General to spend state funds on publishing the committee's recommendations as well as any public announcements. However, the exact fiscal impact of the bill cannot be determined at this time.²²

VI. Technical Deficiencies:

The bill does not specify which agency is to provide administrative support to the committee.²³ The bill does provide that the State Surgeon General (within the Department of Health) is authorized to publish the committee's recommendations and public announcements; however, it is not specifically clear if the Department of Health is to provide other administrative support, if needed, to the committee.

²² Fla. Dep't of Health, *Bill Analysis, Economic Statement and Fiscal Note, SB 722* (Nov. 21, 2011) (on file with the Senate Committee on Children, Families, and Elder Affairs).

²³ *Id.*

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Garcia

40-00715-12

2012722__

A bill to be entitled

An act relating to autism; creating the Autism Spectrum Disorder Study Committee to study autism spectrum disorder in families in which English is the second language; providing for membership, meetings, and duties; prohibiting committee members from receiving compensation for their services; authorizing certain funding for publications, subject to approval of the State Surgeon General; requiring a report to the Governor and Legislature; providing for expiration of the committee; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Autism Spectrum Disorder Study Committee.—

(1) There is created an Autism Spectrum Disorder Study Committee to study the effects of autism spectrum disorder on families in which English is the second language.

(2) The committee shall advise the Agency for Persons with Disabilities regarding legislative, programmatic, and administrative matters that relate to occurrences of autism spectrum disorder in families in which English is the second language.

(3) The committee shall be composed of 10 members, of whom four shall be appointed by the Governor, three shall be appointed by the President of the Senate, and three shall be appointed by the Speaker of the House of Representatives. Of the members appointed to the committee:

(a) At least one member must be a physician licensed under

40-00715-12

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chapter 458 or chapter 459, Florida Statutes.

(b) At least one member must be a psychiatrist licensed under chapter 458 or chapter 459, Florida Statutes.

(c) At least one member must be a psychologist licensed under chapter 490, Florida Statutes.

(d) At least one member must be a behavior analyst certified under s. 393.17, Florida Statutes, who specializes in the treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy, or applied behavior analysis, or a provider licensed under chapter 491, Florida Statutes.

(e) At least one member must be the State Surgeon General or an employee of the Department of Health appointed by the State Surgeon General.

(f) At least one member must be the parent of a child with autism spectrum disorder.

(g) At least one member must be an educator certified in special education.

(h) At least one member must be a doctor from UM-NSU CARD, Center for Autism & Related Disabilities.

(j) At least one member must have autism spectrum disorder.

(4) Initial appointments shall be made by July 1, 2012. A vacancy shall be filled by appointment by the original appointing authority for the unexpired portion of the term.

(5) The committee shall elect a chair at the first meeting by a majority vote of the members present. A majority of the membership constitutes a quorum.

(6) The committee shall meet at least six times bimonthly, or more frequently upon call of the chair, beginning in August

40-00715-12 2012722

59 2012. The final meeting shall be held no later than August 30,
60 2013.

61 (7) Committee members are not entitled to compensation for
62 their services, and state funds may not be expended for the
63 management and operation of the committee except, at the
64 discretion of the State Surgeon General, funds may be expended
65 for the cost of publishing recommendations and any public
66 announcements.

67 (8) The committee shall issue a report containing its
68 findings and recommendations for community awareness campaigns
69 relating to autism spectrum disorder in families in which
70 English is the second language to the Governor, the President of
71 the Senate, and the Speaker of the House of Representatives by
72 September 1, 2013.

73 (9) The committee shall expire September 1, 2013.

74 Section 2. This act shall take effect upon becoming a law.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Health Regulation, *Chair*
Agriculture
Budget - Subcommittee on Health and Human Services
Appropriations
Governmental Oversight and Accountability
Reapportionment
Transportation

SENATOR RENE GARCIA

40th District

RECEIVED

NOV 17 2011

**Senate Committee
Children and Families**

November 17, 2011

The Honorable Ronda Storms
Chair, Children, Families, and Elder Affairs Committee
520 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chairwoman Storms:

This letter should serve as a request to have my bill [SB 722 Autism](#) heard at the next possible committee meeting. If there is any other information needed please do not hesitate to contact me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "René García".

State Senator René García
District 40

RG:dm

CC: Renai Farmer, Staff Director

REPLY TO:

- ☐ 3814 West 12th Avenue, Hialeah, Florida 33012 (305) 824-5058
- ☐ 310 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5106

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-12-12
Meeting Date

Topic Autism Bill Number 722
Name Carole Green Amendment Barcode _____
Job Title Lobbyist (if applicable)
Address PO Box 07463 Phone 850-590-2206
Street _____ E-mail Carole@capitalstrategies
City Fort Myers State FL Zip 33919 inc. com

Speaking: ☒ For ☐ Against ☐ Information
Representing Florida Psychologists

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting. S-001 (10/20/11)

THE FLORIDA SENATE
COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

1-12-2012
Date

WAIVE TIME IN SUPPORT

SB 722
Bill Number

Name STEPHEN R. WINN Phone 878-7364
Address 2007 APALACHEE PARKWAY E-mail _____
Street _____
City TALLAHASSEE, State FL Zip 32301
Job Title EX. DIR.

Speaking: ☒ For ☐ Against ☐ Information
Subject AUTISM Appearing at request of Chair ☐
Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Lobbyist registered with Legislature: ☒ Yes ☐ No

Pursuant to s. 11.061, Florida Statutes, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from _____ .m. to _____ .m.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12 Jan 2012

Meeting Date

Topic SB722 - Autism

Bill Number 722

(if applicable)

Name Andra Harmony

Amendment Barcode

(if applicable)

Job Title _____

Address 726 W 10th Ave

Phone _____

Street

Tall

FL

32303

City

State

Zip

E-mail _____

Speaking: ☒ For ☐ Against ☐ Information

Representing

self

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

CourtSmart Tag Report

Room: SB 401
Caption: Senate Children, Families, and Elder Affairs

Type:
Judge:

Started: 1/12/2012 10:18:37 AM
Ends: 1/12/2012 10:44:13 AM **Length:** 00:25:37

10:18:39 AM Roll Call
10:18:57 AM Senator Storms opening remarks
10:20:35 AM SB 682, Alzheimer's Disease (Becky Kokkinos, Senator Richter's Legislative Assistant)
10:21:38 AM SB 682 amendment (barcode 659240) by Senator Latvala
10:22:38 AM Senator Detert question
10:23:01 AM Becky Kokkinos response
10:23:21 AM Senator Dockery question
10:23:23 AM Becky Kokkinos response
10:23:38 AM SB 682, Alzheimer's Disease (Public Testimony)
10:24:38 AM Senator Gibson remarks
10:26:15 AM Senator Rich remarks
10:26:51 AM Senator Storms remarks
10:28:20 AM SB 682, Alzheimer's Disease vote
10:28:37 AM Senator Storms comments
10:29:03 AM SB 694, Adult Day Care Centers (Senator Fasano)
10:29:19 AM SB 694 amendment (barcode 649566) by Senator Detert
10:32:27 AM SB 694, Adult Day Care Centers (Public Testimony)
10:35:34 AM Senator Storms remarks
10:36:08 AM SB 694, Adult Day Care Centers (Public Testimony Continued)
10:37:51 AM Senator Fasano closing remarks
10:38:25 AM Senator Storms remarks
10:38:52 AM SB 694, Adult Day Care Centers vote
10:39:08 AM SB 722, Autism (David Marin, Senator Garcia's Legislative Assistant)
10:40:16 AM SB 722, Autism (Public Testimony)
10:41:05 AM SB 722, Autism vote
10:41:34 AM Confirmation Hearing - Michael P. Hansen, Agency for Persons with Disabilities
10:42:17 AM Michael P. Hansen remarks
10:42:26 AM Senator Detert remarks
10:42:44 AM Confirmation Vote
10:43:09 AM Confirmation Hearing - Charles T. Corley, Department of Elderly Affairs
10:43:20 AM Charles T. Corley remarks
10:43:30 AM Senator Detert remarks
10:43:46 AM Confirmation Vote
10:44:08 AM Adjourn